State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: __2016__
Limited Liability Company
→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
000091626	**Bookworm Associates, L.L.C.**			

3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island
53 - Real Estate and Rental ar	**Real Estate**

5. State of Formation
RI

6. Principal Office Address	City	State	Zip
111 Matthewson Street	**Providence**	**RI**	**02903**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **Michael K. Chandley**	Contact Title **Manager**		
Street Address **111 Matthewson Street**	City **Providence**	State **RI**	Zip **02903**

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name **Michael K. Chandley**			Manager Name		
Street Address **111 Matthewson Street**			Street Address		
City **Providence**	State **RI**	Zip **02903**	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Person	Date
Michael K. Chandley	4/13/17

Signature of Authorized Person
Michael K. Chandley   SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY __Cu 300898__

FORM 632 - Revised: 02/2017