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

Annual Report for the year: 2017
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
001335992	**Chrup Holdings LLC**
3. NAICS Code: 531110	4. Brief description of the character of business conducted in Rhode Island: **Real Estate Investment**
5. State of Formation: **RI**	

6. Principal Office Address	City	State	Zip
8 Connecticut Ave	**Barrington**	**RI**	**02806**

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

Contact Name	Contact Title		
Stephanie Bernardo	**Manager**		
Street Address: **8 Connecticut Ave**	City: **Barrington**	State: **RI**	Zip: **02806**

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

Manager Name	Manager Name		
Stephanie Bernardo			
Street Address: **8 Connecticut Ave**	Street Address		
City: **Barrington** / State: **RI** / Zip: **02806**	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
Stephanie Bernardo	**10/10/2017**

Signature of Authorized Person: Stephanie Bernardo

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

FILED
OCT 11 2017
BY 1035

FORM 632 - Revised: 08/2017