



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>788022</u>		2. Exact name of the limited liability company <u>CHRONOS, LLC</u>			
3. State of Formation <u>R.I. 812990</u>		4. Brief description of the character of business conducted in Rhode Island <u>R.E. MGMT</u>			
5. Principal office address <u>122 NORTH RIVER DRIVE</u>		City <u>NARRAGANSETT</u>	State <u>RI</u>	Zip <u>02882</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name <u>MARGUERITE SALVATORE</u>		Contact Title <u>MANAGER</u>			
Street Address <u>122 NORTH RIVER DRIVE</u>		City <u>NARRAGANSETT</u>	State <u>RI</u>	Zip <u>02882</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY IF APPLICABLE. DO NOT LIST MEMBERS. (“X” BOX FOR ATTACHMENT) ☐					
Manager Name <u>MARGUERITE SALVATORE</u>		Manager Name <u>ANTONIO SALVATORE</u>			
Street Address <u>122 NORTH RIVER DRIVE</u>		Street Address <u>122 NORTH RIVER DRIVE</u>			
City <u>NARRAGANSETT</u>	State <u>R.I.</u>	Zip <u>02882</u>	City <u>NARRAGANSETT</u>	State <u>RI</u>	Zip <u>02882</u>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

MAR 22 2018

BY 151093

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.

Signature of Authorized Person

Date

MARGUERITE M. SALVATORE
Print or Type Name of Authorized Person

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY