



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 578987		2. Exact name of the Limited Liability Company THE CAMP, LLC	
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island RENTAL APTS.	
5. State of Formation RI			
6. Principal Office Address PO Box 141		City WARREN	State RI Zip 02885
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name PAUL SAMPSON		Contact Title PRES. OWNER	
Street Address 162 MARKET ST		City WARREN	State RI Zip 02885
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State Zip
Check the box to indicate an attachment <input type="checkbox"/>			
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 PAUL SAMPSON		Date 5-25-18	
Signature of Authorized Person <i>Paul Sampson</i>			

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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