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2018 AUG 23 AM 10: 22

Annual Report for the year: 2018 **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 Evacto	ama of the Limit	ad Liebith, Comme			
l .		2. Exact name of the Limited Liability Company				
001659487	The	The Chais WOODARD Term				
3. NAICS Code	4. Brief de	Brief description of the character of business conducted in Rhode Island				
531210	Reno	REAL ESTATE				
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
10 KATIE DR.			WAKKEN	RI	1 '	
7. Mailing Address of Limited	Liability Compa	any and Name o	r Title of Contact Person			
Contact Name			Contact Title			
CHRIS WOODARD			/nes			
Street Address 10 KATIE DA.			City	State	Zip	
					02885	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Manager Name						
winiage Hallie			Manager Name			
Street Address			Street Address			
City .	State	Zıp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zio	
<del></del>						
Check the box to indicate an attachment						
			of record with the Department of State			
Under penalty of perjury, I c statements, and that all stat	leclare and afi ements conta	firm that I have ined herein are	examined this report, including true and correct.	any accompanyi	ing schedules and	
Name of Authorized Person				Date		
Signature of Authorized Person				8/23/	18	
Signature of Authorized Perso	n				<del>-</del>	
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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

AUG 2 3 2018

FORM 632 - Revised: 10/2017