Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-					
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Pilling Ported: September 1 - November 1 In accordance with RI 61, 7-16-66(d), each limited liability company failing or refusing to follo te annual report with mitty (20) days after the time presented by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2018 1. ID No. 000081735 2. Exact Name of the Limited Liability Company CHARTER REALTY, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 531110 ARTICLE III Exact Name of the Character of the Business Which is Actually Conducted in Rhode Island the list of codes here, More information on NAICS can be found online. 531110 A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE INVESTMENT, DEVELOPMENT & MANAGEMENT, State: RI Zip: 02864 Country: USA 6 Malling Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: ALFRED THIBODEAU Contact Title:	s s			IS Fee: \$50.00	
Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Imag Period: September 1 - November 1 In accordance with R1.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thrity (30) days after the time prescribed by law (R1.G.L. 7- 16-66(b8.6)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2018 1. ID No. 000081735 2. Exact Name of the Limited Liability Company CHARTER REALTY, LLC 3. State of Formation State: RI ARTICLE II Enter the six digit NAICS Code that best desoribes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 531110 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE INVESTMENT, DEVELOPMENT & MANAGEMENT, 5. Principal Office Address No. and Street: 1420 MENDON ROAD City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: ALFRED THIBODEAU Contact Title: No. and Street: 1420 MENDON ROAD City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. D NOT LIST MEMBERS Indiv		Division Of Business	Services		
(401) 222-3040 Initiced Liability Company Annual Report Filing Period: September 1 - November 1 Initiced Liability Company failing or refusing to file its annual report with http: (30) days after the time prescribed by law (RLGL 7- 16:66(b8c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2018 1. ID No. 000081735 2. Exact Name of the Limited Liability Company CHARTER REALTY, LLC 3. State of Formation State: RI State: None of the Limited Liability Company Dubiness conducted by the entity. Download the list of codes here, More information on NAICS can be found online. S1110 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE INVESTMENT, DEVELOPMENT & MANAGEMENT. 5. Principal Office Address No. and Street: 1420 MENDON ROAD City or Town: State: RI Zip: 02864 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: ALFED THIBODEAU Contact Title: No. and Street: 1420 MENDON ROAD City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA A manager of the Limited Liability Company and Name or Title of Contact Person: <td colsp<="" td=""><td></td><td></td><td></td><td></td></td>	<td></td> <td></td> <td></td> <td></td>				
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DO NOT LIST MEMBERS Individual Name Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	City or Town: <u>CUN</u>	<u>IBERLAND</u> State	: <u>RI</u> Zip: <u>02864</u>	Country: USA	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country					
	Title	Individual Name	Addr	ess	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		First, Middle, Last, Suffix	Address, City or Town, S	tate, Zip Code, Country	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER					
	8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ALFRED G. THIBODEAU, ESQ. 1420 MENDON ROAD CUMBERLAND, RI 02864

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of August, 2018 at 2:45:45 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ALFRED G THIBODEAU

Signature of Authorized Person

Form No. 632 Revised 09/07

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