State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: \_ Z01 **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 001659537		2. Exact name of the Limited Liability Company  Chepachet 126 LLC				
3 NAICS Code 531390		Brief description of the character of business conducted in Rhode Island     To own one piece of residential real estate				
5. State of Formation  Delaware						
6. Principal Office Address 840 Park Avenue #4-B			City New York	State NY	Zip 10075	
7. Mailing Address of Limite	ed Liability Compa	any and Name o	r Title of Contact Person		•	
Contact Name Paul Rowe			Contact Title			
Street Address 840 Park Avenue #4-B			Gity New York	State NY	<sup>Zip</sup> 10075	
8. List ALL managers (nam	nes and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
		L		Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode	s Island. This inform	nation is currently	of record with the Department of Si	ate. Changes require filir	ng Form 642	
Under penalty of perjury, statements, and that all s			examined this report, includi- true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person Paul Rowe	Peul	Wome		Date 10/8/18		
Signature of Authorized Pe	rson and	twin	N DOCUMENT HERE	•		
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MAIL TO:

**Division of Business Services** 

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