



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 7-16-66 (b)(v)) is subject to a penalty fee of \$25.00.

1. ID No. 798046		2. Exact name of the limited liability company CHAMPION MYSTIC PROPERTIES, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Medical Practice <i>u21493</i>	
5. Principal office address 35 Wells Street		City Westerly	State RI
		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name William A. Nardone		Contact Title Agent	
Street Address 42 Granite Street		City Westerly	State RI
		Zip 02891	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

FILED

JUN 07 2019

BY *1355 DS*

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

798046

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

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.

Franklin F. Leddy *5/24/19*
Signature of Authorized Person Date

FRANKLIN F. LEDDY, M.D., F.A.C.S.
Print or Type Name of Authorized Person
35 WELLS STREET
WESTERLY, RI 02891