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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2019
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 734679	2. Exact name of the Limited Liability Company CHIPPEWA LLC					
3 DIAHES CODE	Brief description of the character of business conducted in Rhode Island Acquire and invest in such interests in real property.					
5. State of Formation Rhode island						
6. Principal Office Address 65 Elm Street			City Westerly	State RI	Zip 02891	
7. Mailing Address of Limited Lia	ability Compa	any and Name or		·		
Contact Name Robert J. Vuono			Contact Title Member	Contact Title Member		
Street Address 65 Elm Street		City Westerly	State RI	^{Zip} 02891		
8. List ALL managers (names a	nd addresse:	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name Man			Manager Name	Manager Name		
Streel Address			Street Address	Street Address		
City .	State	Zip	City	State	Zıp	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Check the box to indicate an atlachment						
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 des statements, and that all states				ng any accompanyin	g schedules and	
Name of Authorized Person Date / /						
Robert J. Vuono 9/7/2019						
Signature of Authorized Person A DOCUMENT HERE						

MAIL TO:

Division of Business Services

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

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

FORM 632 - Revised: 10/2017