| | State of Rhode Office of the Secreta | | Fee: \$50.00 |
|--|--|-------------------------------|-------------------------|
| | Division Of Business 148 W. River S | | |
| HOPE | Providence RI 0290 (401) 222-304 | | |
| Limited Liability Com Annual Report Filing Period: September 1 | | | |
| | 7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR: | <u>2020</u> | | |
| 1. ID No. <u>001669541</u> | | | |
| 2. Exact Name of the Limited Liability Company <u>CHESTNUT HILL PROPERTIES, LLC</u> | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| 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. | | | |
| <u>531110</u> | | | |
| 4. Brief Description of th | e Character of the Business Which | is Actually Conducte | d in Rhode Island |
| LESSORS OF RESIDENTIAL PROPERTY AND DWELLINGS | | | |
| 5. Principal Office Addre | SS | | |
| | VEST PARK PLACE V ORLEANS State | : <u>LA</u> Zip: <u>70124</u> | Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| No. and Street: 31 W | OSMANSKI Contact Title: OWNER EST PARK PLACE | | |
| City or Town: <u>NEW</u> | ORLEANS State | : <u>LA</u> Zip: <u>70124</u> | Country: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name | Addi | |
| | First, Middle, Last, Suffix | Address, City or Town, S | tate, ZIP Code, Country |
| 8. RESIDENT AGENT IN F | RHODE ISLAND - DO NOT ALTER | | |
| | | | |

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

JOAN OSMANSKI 9 CHESTNUT HILL ROAD CHEPACHET, RI 02814

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

Signed this 19 Day of October, 2020 at 7:55:41 AM 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 <u>JOSHU OSMANSKI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved