| | | State of Rhod Office of the Secre | | state | Fee: \$50.00 |
|--|--|---|-----------------|-------------------|-----------------------|
| J | | Division Of Busine 148 W. River | Street | | |
| HOPE | | Providence RI 02 (401) 222-3 | | | |
| Limited Liabilit Annual Report Filing Period: Sept | · · · | r 1 | | | |
| to file its annual rej | | each limited liability co days after the time pre of \$25.00. | | | |
| ANNUAL REPOR | t year: <u>2020</u> | | | | |
| 1. ID No. <u>00</u> | 0157304 | | | | |
| 2. Exact Name of | of the Limited Liab | ility Company CHAI | POQUOIT | 'HOLDINGS, | LLC |
| 3. State of Form | ation | | | | |
| State: <u>RI</u> | | | | | |
| | | ARTICLE III | | | |
| | | est describes the prima n on <u>NAICS</u> can be fou | | s conducted by t | he entity. Download |
| <u>531390</u> | | | | | |
| 4. Brief Descripti | ion of the Characte | r of the Business Wh | ich is Actı | ally Conducted | l in Rhode Island |
| | | ORTGAGE AND INV | | | |
| TO, REAL ESTA | | F ASSETS, SPECIFIC | CALLY IN | ICLUDING, B | <u>UT NOT LIMITED</u> |
| 5. Principal Offic | e Address | | | | |
| No. and Street: | <u>50 TIMBERPO</u> APT. 1101 | ND DRIVE | | | |
| City or Town: | PETERBOROU | I <u>GH</u> S | tate: <u>NH</u> | Zip: <u>03458</u> | Country: <u>USA</u> |
| 6. Mailing Addre | ss of Limited Liabi | lity Company and Na | me or Title | e of Contact Pe | rson: |
| Contact Name: No. and Street: | Contact Title: 50 TIMBERPO APT. 1101 | ND DRIVE | | | |
| City or Town: | PETERBOROL | <u>JGH</u> Sta | ate: <u>NH</u> | Zip: <u>03458</u> | Country: USA |
| 7. Name and Ade DO NOT LIST | | ager of the Limited L | iability Co | mpany, if Appli | icable. |
| Title | In | dividual Name | | Addre | ess |

| MANAGER | |
|---------|--|

First, Middle, Last, Suffix

Address, City or Town, State, Zip Code, Country

MANAGER

NANCY W. PENDLETON 50

50 TIMBERPOND DRIVE, APT. 1101 PETERBOROUGH, NH 03458 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PETER BRENT REGAN, ESQ. 130 BELLEVUE AVENUE, UNIT 2 NEWPORT, RI 02840

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

Signed this 21 Day of October, 2020 at 4:18:31 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 <u>NANCY W. PENDLETON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved