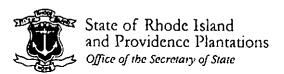
RI SOS Filing Number: 202101943420 Date: 9/21/2021 4:00:00 PM



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 2021

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&c)) is subject to a penalty fee of \$25.00.

(K.I.U.I., 7-10-00 (#CT)) i	s subject to a penalty fee of :	\$25.00.				
1. ID No.	2. Exact name of the limited liability company					
155650	CHAMPION URC	LOGY PROPERT	IES, LLC			
3 State of Formation 4. Brief description of the character of the business			business which is actually conducted in	Rhode Island		
Rhode Island	operating	a medical office		(0)	M^{-1}	
5. Principal office address			City	Siate	Zip	
35 Wells Street			Westerly	RI	02891	
6. MAILING ADDRE	SS OF LIMITED LIAI	BILITY COMPANY AN	ND NAME OR TITLE OF CONTA	ACT PERSON:	•	
Contact Name			Contact Title	Contact Title		
William A. Nardone			Agent	Agent		
Street Address			City	State	Z(p	
42 Granite Street			Westerly	RI	02891	
7. NAME AND ADDI			TED LIABILITY COMPANY, IF A SING ATTACHMENTS ("X" BO) : Manager Name			
			manager pame			
Street Address			Street Address	Street Address		
Cliù.	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City:	State	Zф	
8. RESIDENT AGEN	I T IN RHODE ISLANI)	:	1	Ţ	
This information is cu	irrently of record in the	Office of the Secretar	y of State. Changes require filing	of Form 642 - R.I.G.L. 7-1	16-11	
						

FILED

SEP 2 1 2021

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

File Date
Check No.
Ву:
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.

Signature of Authorized Person

Date

Print or Type Name of WESTERLY, RI 02891

Form 632 Rev. 08/08