

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

**Limited Liability Company** 

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
00/335992	Chrup Holdings LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531110 5. State of Formation R1	Real Estate Investment				
6. Principal Office Address	<u> </u>		City	State	Zip
& Connecticut Ave			Barrington	RI	62806
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Stephanie Bernardo			Contact Title  man a ger		
Street Address 8 Connecticut Ave			City Barrington	State R I	Zip 02806
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Stophunu Bernardo			Manager Name		
Street Address'			Street Address		
City Barrington	State RI	0280G	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			Ch	eck the box to indi	cate an attachment
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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.					
Name of Authorized Person				Date	
Stephanie Bernardo				9-7-2	1021
Signature of Anthorized Person  The hance So rando					

MAIL TO:

**Division of Business Services** 

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

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