State of Rhode Island
Department of State - Business Services Division

FILED
OCT 18 2021
BY 13588

Annual Report for the year: 2021
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	2. Exact name of the Limited Liability Company		
000961434	Champlain Heights II LLC		
3. NAICS Code: 531110	4. Brief description of the character of business conducted in Rhode Island: Development of Real Estate		
5. State of Formation: Rhode Island			
6. Principal Office Address: 1414 Atwood Avenue	City: Johnston	State: RI	Zip: 02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: Kelly Coates	Contact Title: Authorized Trustee		
Street Address: 1414 Atwood Avenue	City: Johnston	State: RI	Zip: 02919

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate 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
Kelly Coates	9/30/21
Signature of Authorized Person	

MAIL TO:
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