



State of Rhode Island
Department of State - Business Services Division

FILED

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

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BY

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1 Entity ID Number 000488061		2 Exact name of the Limited Liability Company CHP ASSOCIATES, LLC			
3 NAICS Code 531120		4 Brief description of the character of business conducted in Rhode Island TO ENGAGE IN REAL ESTATE OWNERSHIP AND DEVELOPMENT			
5 State of Formation RI					
6 Principal Office Address 730 KINGSTOWN ROAD			City WAKEFIELD	State RI	Zip 02879
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JULIA WESTCOTT			Contact Title ACCOUNTANT		
Street Address 730 KINGSTOWN ROAD			City WAKEFIELD	State RI	Zip 02879
8 List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name SCOTT HALLBERG			Manager Name JOSEPH CATELLI		
Street Address 17 ARNOLD STREET			Street Address 400 SOUTH COUNTY TRAIL STE 207		
City WAKEFIELD	State RI	Zip 02879	City EXETER	State RI	Zip 02882
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 JULIA WESTCOTT				Date 10/1/21	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov