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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

2024 JAN -8 P 4: 2

1. Entity ID Number	2 Event name of the Limited Lis	hility Company		
1. Endly ID Number	2. Exact name of the Limited Liability Company			
001736886	Chronie Suy Purperties UC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531000				
5. State of Formation				
RI	house Flipping/fentstate			
6. Principal Office Address	<u> </u>	City	State	Zip
137 Sur	tra street	Trandone	12	82903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Chimin I-in				
Street Address 137 Suffon Stylet		City Provident	State	10903
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 himes from Tan 18, 20				R, 2024
Signature of Authorized Person				

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JAN 08 2024

BY GWGTA

MAIL TO:

Division of Business Services

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

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