RI SOS Filing Number: 202446492090 Date: 2/9/2024 4:00:00 PM

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2024 **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	2. Exact name of the Limited Liability Company					
000961434	Champlain Heights II LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531110	Ownership and Development of Real Estate					
5. State of Formation						
Rhode Island						
6. Principal Office Address	<u> </u>	City	State	Zip		
1414 Atwood Avenue		Johnston	RI	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	State RI	^{Zip} 02919		
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 Date						
Kelly Coates				<i>7</i> 7		
Signature of Authorized Person / Acthurised / 1872						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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