



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
Limited Liability Company

FEB 22 2024 *52*  
*101*

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

|                                                                                                                                                                                                         |  |                                                                                                                                                              |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Entity ID Number<br><b>001761101</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>Chapman Family Forest, L.L.C.</b>                                                                       |                          |
| 3. NAICS Code<br><b>112910</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Produce and sell honey from my apiary, and maple syrup from my forest.</b> |                          |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                      |  |                                                                                                                                                              |                          |
| 6. Principal Office Address<br><b>192 Hammet Rd</b>                                                                                                                                                     |  | City<br><b>Coventry</b>                                                                                                                                      | State<br><b>RI</b>       |
|                                                                                                                                                                                                         |  | Zip<br><b>02816</b>                                                                                                                                          |                          |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                                              |                          |
| Contact Name<br><b>Arthur F. Chapman Jr</b>                                                                                                                                                             |  | Contact Title<br><b>Owner</b>                                                                                                                                |                          |
| Street Address<br><b>192 Hammet Rd</b>                                                                                                                                                                  |  | City<br><b>Coventry</b>                                                                                                                                      | State<br><b>RI</b>       |
|                                                                                                                                                                                                         |  | Zip<br><b>02816</b>                                                                                                                                          |                          |
| 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<br><b>Arthur F. Chapman Jr</b>                                                                                                                                                |  |                                                                                                                                                              | Date<br><b>2/16/2024</b> |
| Signature of Authorized Person<br><i>Arthur F. Chapman Jr</i>                                                                                                                                           |  |                                                                                                                                                              |                          |

MAIL TO:

Division of Business Services

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