



State of Rhode Island
Department of State - Business Services Division

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24 JUL 16 AM 10:55:39

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.

1. Entity ID Number 001758830		2. Exact name of the Limited Liability Company CHOLOPLY & ED LLC	
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island PROPERTY MANAGEMENT	
5. State of Formation RI			
6. Principal Office Address 96 BOWLET STREET		City PROVIDENCE	State RI
		Zip 02909	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name ROSELINE CHOLOPLY		Contact Title OWNER	
Street Address 96 BOWLET STREET		City PROVIDENCE	State RI
		Zip 02909	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>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.</i>			
Name of Authorized Person ROSELINE CHOLOPLY		Date 07/15/2024	
Signature of Authorized Person <i>Roseline Cholopy</i>			

FILED 1055
JUL 16 2024
BY Q454

MAIL TO:
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