RI SOS Filing Number: 202562668410 Date: 1/15/2025 1:36:00 PM



State of Rhode Island Department of State - Business Services Division

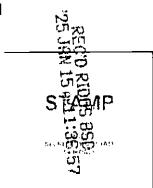
Annual Report for the year: Limited Liability Company

2024

→ 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 | | | |
|---|---|-------------------|---|----------------------|
| 001688604 | Chase N. Paper, LLC | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 721310 | ROOMING/BOARDING HOUSE | | | |
| 5. State of Formation | 1 | | | |
| RI | | | | |
| 6. Principal Office Address | • | City | State | Zip |
| 3 HALEYS WAY | | CUMBERLAND | RI | 02864 |
| 7. Mailing Address of Limited Lia | bility Company and Name or Title | of Contact Person | <u>* </u> | |
| Contact Name | | Contact Title | | |
| CLAIRE ALLE | :IN | Vice President | | |
| Street Address 3 HALEYS WAY | | City CUMBERLAND | State RI | ^{Zip} 02864 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | |
| | leclare and affirm that I have examents contained herein are true | | y accompanyir | ng schedules and |
| Name of Authorized Person | | | Date | |
| CLAIRE ALLEN | | | 1/15/2025 | |
| 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

