State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2025 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.

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1. Entity ID Number 2. Exact name of the Limited Liability Company CHIPPEWA LLC						
3. NAICS Code 5. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island Acquire and invest in such interests in real property					
6. Principal Office Address	<u> </u>	City	State	Zip		
65 Elm Street		Westerly	RI	02891		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Robert J. Vuo	no	Contact Title Member				
Street Address 65 Elm Stree	t	^{City} Westerly	State RI	^{Ζiρ} 02891		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
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 / /						
Robert J. Vuono				125		
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