

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

FILED

Annual Report for the year: 2025 **Limited Liability Company**

MAR 03 2025

→ 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	Exact name of the Limited Liability Company Chepachet Properties, LLC 4. Brief description of the character of business conducted in Rhode Island Purchase, ownership, management, improvement, rental and sale of real				
74726					
3. NAICS Code					
531110					
5. State of Formation	estate] estate			
RI					
6. Principal Office Address		City	State	Zip	
869 Broadway		Ea. Providence	RI	02814	
7. Mailing Address of Limite	d Liability Company and Name o	or Title of Contact Person		•	
Contact Name Kirsten L. Romani, DMD		Contact Title Member			
Street Address Same as above		City	State	Zip	
8. The Resident Agent inform	mation currently of record with th	e RI Department of State is accura	ate. Changes requ	ire filing Form 642.	
	y, I declare and affirm that I ha atements contained herein arc	ve examined this report, includi e true and correct.	ng any accompai	nying schedules and	
Name of Authorized Person			Date / /		
Kirsten L. Romani, D	MD		_ 2	-/7/25	
Signature of Authorized Per	son third The	on some			

MAIL TO:

Division of Business Services

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