

State of Rhode Island

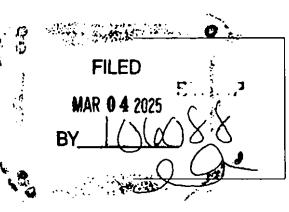
Department of State - Business Services Division

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.



1. Entity ID Number	Exact name of the Limited Liability Company Waterman Chenango, LLC Brief description of the character of business conducted in Rhode Island				
001702663					
3. NAICS Code					
531110	Own and Operate R	keal Estate			
5. State of Formation					
Rhode Island					
6. Principal Office Address		City	State	Zip	
41 Shepard Avenue		Providence	RI	02904	
7. Mailing Address of Limite	d Liability Company and Name o	r Title of Contact Person	•	•	
Contact Name Salvatore Compagnone, Jr.		Contact Title Member			
Street Address 60 Leo Avenue		City Providence	State	^{Zip} 02904	
8. The Resident Agent infor	mation currently of record with th	e RI Department of State is accur	ate. Changes requir	e filing Form 642.	
	y, I declare and affirm that I ha tatements contained herein are	ve examined this report, includi true and correct.	ng any accompany	ring schedules and	
Name of Authorized Person		•	Date 2/23/3		
Salvatore Compagno	one, Jr.		7/	J)129	
Signature of Authorized Per	Canag TR	> -	-		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov