



State of Rhode Island  
Department of State - Business Services Division

FILED

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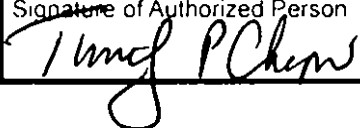
BY

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<br><b>001675774</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>156 Valley Street Properties, LLC</b>                        |                       |                     |
| 3. NAICS Code<br><b>531390</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Holding Company</b> |                       |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                            |  |                                                                                                                   |                       |                     |
| 6. Principal Office Address<br><b>40 Patton Road</b>                                                                                                                                                    |  | City<br><b>Rumford</b>                                                                                            | State<br><b>RI</b>    | Zip<br><b>02916</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                   |                       |                     |
| Contact Name<br><b>Timothy P. Chaput</b>                                                                                                                                                                |  | Contact Title<br><b>Member</b>                                                                                    |                       |                     |
| Street Address<br><b>40 Patton Road</b>                                                                                                                                                                 |  | City<br><b>Rumford</b>                                                                                            | State<br><b>RI</b>    | Zip<br><b>02916</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642                                                                      |  |                                                                                                                   |                       |                     |
| 9. 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<br><b>Timothy P. Chaput</b>                                                                                                                                                   |  |                                                                                                                   | Date<br><b>3/3/25</b> |                     |
| Signature of Authorized Person<br>                                                                                    |  |                                                                                                                   |                       |                     |

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)