RI SOS Filing Number: 201752702820 Date: 11/1/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Annual Report for the year:

Department of State - Business Services Division

Limited Liability Company → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.					FED OF STA OS DIV	
					1. Entity ID Number	2. Exact name of the Limited Liability Company
75049	Chapman a	Chapman and Partners Graphic Communications and Real Estate Development, LLC				
3. NAICS Code 5 4 4 3 5 5 5. State of Forwation Rhode Island	Brief description of the character of business conducted in Rhode Island Graphic Communications					
6. Principal Office Address	<u>.</u>		City	State	Zip	
P.O. Box 821			Bristol	RI	02809	
	iability Compar	ov and Name or Tit	tle of Contact Person			
7. Mailing Address of Limited Liability Company and Name or Title Contact Name David R. Chapman			Contact Title Manager			
Street Address P.O. Box 821			City Bristol	State RI	^{Zip} 02809	
8. List ALL managers (names) of the Limited Lia	bility Company, IF APPLIC	ABLE - DO NOT LIST I	MEMBERS	
Manager Name David R. Chapman Street Address P.O. Box 821			Manager Name Margaret M. Chapman Street Address P.O. Box 821			
						City Bristol
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Is	land. This inform	ation is currently of re	ecord with the Department of S	State. Changes require filir	ng Form 642.	
Under penalty of perjury, I d statements, and that all state	eclare and affil ements contail	rm that I have exa ned herein are tru	emined this report, includes and correct.	ling any accompanyin	g schedules and	
Name of Authorized Person				Date /	/2007	
David R. Chapman				10/06	/2017 	
Signature of Authorized Perso	n	SIGN DO	OCUMENT HERE			
(y w Vy y						

MAIL TO:

Division of Business Services

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

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

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FORM 632 - Revised: 08/2016