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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023 **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.



2013 FEB 10 P 1: 36

1. Entity ID Number 000961434	2. Exact name of the Limited Liability Company Champlain Heights II LLC			
3. NAICS Code 531110	Brief description of the character of business conducted in Rhode Island Ownership and Development of Real Estate			
5. State of Formation Rhode Island				
6. Principal Office Address 1414 Atwood Avenue		City Johnston	State RI	Zip 02919
	d Liability Company and Name	or Title of Contact Person	<u> </u>	
Contact Name Kelly Coates		Contact Title Authorized Trustee		
Street Address 1414 Atwood Avenue		City Johnston	State RI	^{Zip} 02919
8. The Resident Agent infor	mation currently of record with t	he RI Department of State is acci	urate. Changes requir	e filing Form 642.
Under penalty of perjury,		e examined this report, includir		
Name of Authorized Person Signature of Authorized Person			Date 1130 2023	
Signature of Authorized Per	Telly ut	Tuto		

FILED

FEB 1 0 2023 BY ML GRN7B

MAIL TO:

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

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