State of Rhode Island a	and Providenc	æ Plantations		<del>-</del>	
Department of State - Business Services Division					201 p
					A COLUMN
Annual Report for the year: 2016					
Limited Liability Company					
→ Filing period: September 1 - November 1					
→ Filing Fee: \$50.00					
→ Penalty: Additional \$25.00	) fee if form is	not filed by Dece	ember 1.	_	
					<u> </u>
1. Entity ID Number	2. Exact name of the Limited Liability Company				
1070270	Chacho, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
72 - Accommodation and Food	RESTAURANT OPERATIONS				
5. State of Formation	-				
RHODE ISLAND					
					<del></del>
6. Principal Office Address			City	State	Zip
129 PRUDENCE STREET			PROVIDENCE	RI	02909
7. Mailing Address of Limited Lia		y and Name or Tit			
Contact Name D. JOSEPH D'AMICO			Contact Title ATTORNEY		
Street Address 728 VALLEY STREET			City PROVIDENCE	State RI	<sup>Zip</sup> 02908
8. List ALL managers (names and addresses) of the Limited Lia			bility Company, IF APPLICABL	E - DO NOT LIST I	MEMBERS
Manager Name NONE			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Islan	d. This informa	ition is currently of re	cord with the Department of State	. Changes require filin	g Form 642.
Under penalty of perjury, I deci statements, and that all statem				any accompanyin	g schedules and
Name of Authorized Person Date					
YANNETTE SANTIAGO 4/20//					
Signature of Authorized Person  SIGN DOCUMENT HERE					
Eli FD (-					

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 ~

OCT 25 2016

BY\_Cn 286871