

Amended no fee

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionRECEIVED
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2017 NOV 29 PM 12:45

Annual Report for the year: 2017
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.

1. Entity ID Number <u>000799237</u>		2. Exact name of the Limited Liability Company <u>CHANGARRO RESTAURANT LLC</u>	
3. NAICS Code <u>722511</u>		4. Brief description of the character of business conducted in Rhode Island <u>BAR AND RESTAURANT</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>519 HARTFORD AVE</u> <u>Providence</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02909</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>GUSTAVO PEREZ</u>		Contact Title <u>Manager</u>	
Street Address <u>17 CROWNSHIELD</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02909</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>GUSTAVO PEREZ</u>		Manager Name <u>RAFAELINA MARTINEZ</u>	
Street Address <u>17 CROWNSHIELD</u>		Street Address <u>60 JORDON ST PROVIDENCE</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Providence</u>
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
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 <u>Gustavo Perez</u>		Date <u>11-28-17</u>	
Signature of Authorized Person <u>Gustavo Perez</u>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

12:45 FILED
NOV 29 2017

BY



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

November 29, 2017 12:45 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

