



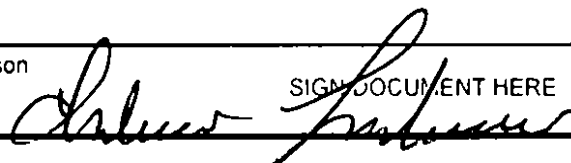
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

**Annual Report for the year: 2018**  
**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 <b>160021</b>		2. Exact name of the Limited Liability Company <b>CHOPS, LLC</b>			
3. NAICS Code <b>531110</b>		4. Brief description of the character of business conducted in Rhode Island <b>OWNERSHIP AND OPERATION OF REAL ESTATE AND FOR ALL OTHER LAWFUL PURPOSES UNDER RHODE ISLAND LAW</b>			
5. State of Formation <b>RHODE ISLAND</b>					
6. Principal Office Address <b>2360 MENDON ROAD</b>			City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>CHARLES LAMBROU</b>			Contact Title <b>MANAGER</b>		
Street Address <b>2360 MENDON ROAD</b>			City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>CHARLES LAMBROU</b>			Manager Name <b>STEVE LAMBROU</b>		
Street Address <b>2360 MENDON ROAD</b>			Street Address <b>2360 MENDON ROAD</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.					
<i>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.</i>					
Name of Authorized Person <b>STEVE LAMBROU</b>				Date <b>8-15-18</b>	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

**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)

**FILED**

**SEP 04 2018**

**BY**

**SOS4**

FORM 632 - Revised: 10/2017