STAMP

Annual Report for the year: 2018 **Limited Liability Company**

FOR SECRETARY OF STATE USE ONLY

→ 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 160021	2. Exact name of the Limited Liability Company CHOPS, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531110	OWNERSHIP AND OPERATION OF REAL ESTATE AND FOR ALL OTHER LAWFUL					
5. State of Formation	PURPOSES UNDER RHODE ISLAND LAW					
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
2360 MENDON ROAD			CUMBERLAND	RI	02864	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name CHARLES LAMBROU			Contact Title MANAGER			
Street Address 2360 MENDON ROAD			City CUMBERLAND	State RI	^{Zip} 02864	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name CHARLES LAMBROU			Manager Name STEVE LAMBROU			
Street Address 2360 MENDON ROAD			Street Address 2360 MENDON ROAD			
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	^{Zip} 02864	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Check the box to indicate an attachment						
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				Date	Date	
STEVE LAMBROU				8-	15-18	
Signature of Authorized Person SIGN SOCUTENT 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 **FILED**

SEP 0 4 2018

FORM 632 - Revised: 10/2017