Annual Department of S	_		ses Division		R.I. DEPT. BUS SV	
Annual Report for the year: 60 5					ECE SV 15	
Limited Liability Compa	-	4			$\tilde{C}G^{-}$	
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00					VED F STATES DIV	
→ Penalty: Additional \$25.00	) fee if form i	s not filed by De	cember 1.	_	<del>- 25</del>	
					33 33	
1. Entity ID Number	2. Exact name of the Limited Liability Company					
530970	Chacon Cleaning LLC					
3. NAICS Code	Brief description of the character of business donducted in Rhode Island					
561720	563	1720				
5. State of Formation		1 -0. 0 -0000011				
BT	Clo	Cleaning company				
6. Principal Office Address	<u> </u>	<u> </u>	City	State	Zip	
76 Clay st			Central Falls	RI	02863	
7. Mailing Address of Limited Li	ability Compa	ny and Name or	Title of Contact Person	<del> • • • • • • • • • • • • • • • • • • </del>	<del> </del>	
Contact Name  Sose Chaco	<b>M</b>		Contact Title			
Street Address Clay St			"Central fulls	State	302863	
	and addresse	s) of the Limited L	iability Company, IF APPLICABLE	- DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
					indicate an attachment	
			of record with the Department of State. (			
Under penalty of perjury, I de statements, and that all state	eclare and afterness conta	firm that I have e lined herein are	examined this report, including a true and correct.	ny accompanyir	ng schedules and	
Name of Authorized Person			· · · · · · · · · · · · · · · · · · ·	Date		
Jose Chacon					12018	
Signature of Authorized Person	Soc	do				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

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201