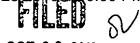
RI SOS Filing Number: 201925214200

Date: 10/23/2019 4:00:00 PM



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

OCT 2 3 2019

148 W. River Street Providence, RI 02904-2615 401.222.3040

2019

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 000789023	2. Exact name of the limited liability company Chauvin's Unlimited, LLC				3. NAICS CODE 8 12990	
4. Brief description of the character of the business which is actually condu Bookkeeping IT Consulting Services			ted in Rhode Island		5. State of Formation Rhode Island	
6. Principal office address 225 Smith Hill Road			City Harrisville	State RI	7.ip 02830	
7. MAILING ADDR Contact Name Kathleen Chau		BILITY COMPANY AND	NAME OR TITLE OF CONTAC Contact Title President	T PERSON:		
Street Address 225 Smith Hill Road			City Harrisville	State RI	7.ip 02830	
8. NAME AND ADD Manager Name Kathleen Cha	FILL IN SPACE	GER OF THE LIMITED I ES BEFORE USING ATTA	JABILITY COMPANY, IF APP ACHMENTS ("X" BOX FOR Manager Name	LICABLE - <u>DO NOT I</u>	LIST MEMBERS	
Street Address 225 Smith Hill Road			Street Address			
City Harrisville	State RI	02830	City	State	Zip	
Manager Name			Manager Name			
Munager Name						
Manager Name Street Address			Street Address			
	State	Zip	Street Address City	State	Zip	
Street Address City 9. RESIDENT AGE	NT IN RHODE ISLAND					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	-
Check No.	
Ву:	
FOR	SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

Date

Kathleen Chauvin, President