

Annual Report for the year:  $\frac{2022}{}$ **Limited Liability Company** 

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

R.I. DEPT. CUS SVO	WIIIP OF STATE
2023 MAR 28	P 3: 38

1. Entity ID Number	2. Exact name of the Lim	2. Exact name of the Limited Liability Company			
000799237	Changarro Restaurant, lle	Changarro Restaurant, llc			
3. NAICS Code	•	4. Brief description of the character of business conducted in Rhode Island			
722511	BAR AND RESTAURAN	<b>VT</b>			
5. State of Formation					
05/23/2013			-		
6. Principal Office Address		City	State	Zip	
519 HARTFORD AVENUE		PROVIDENCE	RI	02909	
7. Mailing Address of Limited	Liability Company and Name	or Title of Contact Person			
Contact Name RAFAELINA	MARTINEZ	Contact Title MEMBER	Contact Title MEMBER		
Street Address 519 ALTHEA ST APT 1		City PROVIDENCE	State RI	<sup>Zip</sup> 02907	
8. The Resident Agent inform	nation currently of record with t	he RI Department of State is accur	ate. Changes requir	e filing Form 642.	
	declare and affirm that I have atements contained herein a	e examined this report, including re true and correct.	any accompanyin	g schedules and	
Name of Authorized Person		Date	Date		
RAFAELINA MARTINEZ		03/28/202	03/28/2023		
Signature of Authorized Pers	son		•		
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MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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