State of F Office of the S	hode Island	State	Fee: \$50.00
Division Of Business Services 148 W. River Street			
Providence RI 02904-2615			
(401)	222-3040		
Limited Liability Company Annual Report Filing Period: February 1 - May 1			
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.			
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024			
1. ID No. <u>001765466</u>			
2. Exact Name of the Limited Liability Company Chaperon LLC			
3. State of Formation			
State: MA			
NAICS CODE			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>236110</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
CONSTRUCTION GENERAL CONTRACTOR			
5. Principal Office Address			
No. and Street: 47 WOOD AVE SUITE 2			
City or Town: <u>BARRINGTON</u>	State: <u>RI</u>	Zip: <u>02806</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: <u>47 WOOD AVE SUITE 2</u>			
City or Town: BARRINGTON	State: <u>RI</u>	Zip: <u>02806</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
REGISTERED AGENTS INC. 47 WOOD AVE SUITE 2 BARRINGTON , RI 02806			

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

**Signed this 22 Day of April, 2024 at 1:40:59 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By **ROBIN JONES**

Signature of Authorized Person

Form No. 632 Revised 09/07

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