



**State of Rhode Island  
Department of State - Business Services Division**

REC'D RIBS SD  
 29 MAY 2024 12:51:09

Annual Report for the year: 2024  
 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.

1. Entity ID Number <b>001757231</b>		2. Exact name of the Limited Liability Company <b>CHPC LLC</b>	
3. NAICS Code <b>485999</b>		4. Brief description of the character of business conducted in Rhode Island <i>Transportation of passengers via pedicabs (bicycle cab), from one place to a destination, and to give sightseeing tours.</i>	
5. State of Formation <b>Rhode Island</b>			
6. Principal Office Address <b>P.O. Box 1031</b>		City <b>Newport</b>	State <b>RI</b>
Zip <b>02840</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Peter Carson</b>		Contact Title <b>Owner / Manager</b>	
Street Address <b>24 Gilroy St</b>		City <b>Newport</b>	State <b>RI</b>
Zip <b>02840</b>			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 <b>Peter Carson</b>		Date <b>April 29, 2024</b>	
Signature of Authorized Person <i>Peter Carson</i>			

**FILED**

MAY 2 2024

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**MAIL TO:**  
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