

State of Rhode Island

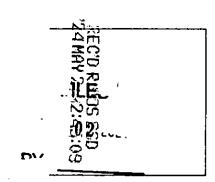
Department of State - Business Services Division

Annual Report for the year: 202 \$ 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	2. Exact name of the Limited Liability Company			
001757231	CHPC			:
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
485999	Transportation of passengers via pedicas			
5. State of Formation	(bicycle cab), from one place to a destination,			
Rhode Island	and to give sightseeing tours.			
6. Principal Office Address		City	State	Zip
P.O. Box	1031	City Nowport	RI	02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Peter Carson		Contact Title Owner / Manager		
Street Address 24 Gilroy	, <i>st</i>	City Newport	State R /	Zip 02840
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 Peter Carson			Date April 29, 2024	
Signature of Authorized Person				

FILED

MAY 2 2024

MAIL TO:

Division of Business Services

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

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