

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

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 000789023	2. Exact name of the Limited Liability Company Chauvin's Unlimited, LLC			
3. NAICS Code 812990	Brief description of the character of business conducted in Rhode Island Bookkeeping IT Consulting Services			
5. State of Formation RI				
6. Principal Office Address 1650 Douglas Avenue, Apt. 2305		City North Providence	State RI	Zip 02904
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person		
Contact Name Kathleen Chauvin		Contact Title Manager		
Street Address 1650 Douglas Avenue, Apt. 2305		City North Providence	State RI	Zip 02904
8. The Resident Agent info	rmation currently of record with the	he RI Department of State is accura	ate. Changes requ	ire filing Form 642
Under penalty of perjury, statements, and that all s	I declare and affirm that I have tatements contained herein an	e examined this report, including true and correct.	any accompanyi	ing schedules and
Name of Authorized Person Kathheen Chauvin			Date /-19-2025	
Signature of Authorized Pe	rson	_		17-2023
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MAIL TO:

Division of Business Services

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

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