



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.

FILED  
JUN 02 2025  
BY 2157

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1. Entity ID Number <b>001684315</b>		2. Exact name of the Limited Liability Company <b>CHACON PIZZA RESTAURANT LLC</b>		
3. NAICS Code <b>722513</b>		4. Brief description of the character of business conducted in Rhode Island <b>RESTAURANT &amp; PIZZA SHOP</b>		
5. State of Formation <b>RHODE ISLAND</b>				
6. Principal Office Address <b>186 MAIN STREET</b>		City <b>EAST GREENFIELD</b>	State <b>RI</b>	Zip <b>02818</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <b>LUZ M. CHACON</b>		Contact Title <b>MANAGER</b>		
Street Address <b>132 PUTNAN STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</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>LUZ M. CHACON</b>			Date <b>12/26/2024</b>	
Signature of Authorized Person 				

**MAIL TO:**

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