



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.

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JUN 02 2025
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1. Entity ID Number 001684315		2. Exact name of the Limited Liability Company CHACON PIZZA RESTAURANT LLC		
3. NAICS Code 722513		4. Brief description of the character of business conducted in Rhode Island RESTAURANT & PIZZA SHOP		
5. State of Formation RHODE ISLAND				
6. Principal Office Address 186 MAIN STREET		City EAST GREENFIELD	State RI	Zip 02818
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name LUZ M. CHACON		Contact Title MANAGER		
Street Address 132 PUTNAN STREET		City PROVIDENCE	State RI	Zip 02909
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 LUZ M. CHACON			Date 12/26/2024	
Signature of Authorized Person 				

MAIL TO:

Division of Business Services
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