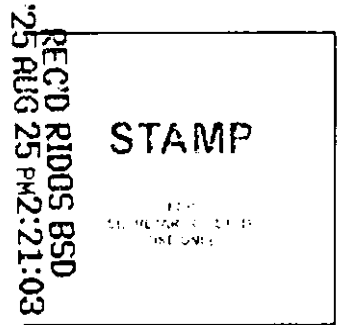




**State of Rhode Island**  
**Department of State - Business Services Division**



**Annual Report for the year:** 2015  
**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<br><b>000314569</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>CHESS MASTER CONNECTIONS, LLC</b>                              |                           |
| 3. NAICS Code<br><b>713990</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>CHESS TEACHER FOR SCHOOL KIDS</b> |                           |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                      |  |                                                                                                                     |                           |
| 6. Principal Office Address<br><b>PO BOX 442</b>                                                                                                                                                        |  | City<br><b>GREENWICH</b>                                                                                            | State<br><b>RI</b>        |
|                                                                                                                                                                                                         |  | Zip<br><b>02818</b>                                                                                                 |                           |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                     |                           |
| Contact Name<br><b>JORGE E. SAMMOUR HASBUN</b>                                                                                                                                                          |  | Contact Title<br><b>OWNER</b>                                                                                       |                           |
| Street Address<br><b>PO BOX 442</b>                                                                                                                                                                     |  | City<br><b>GREENWICH</b>                                                                                            | State<br><b>RI</b>        |
|                                                                                                                                                                                                         |  | Zip<br><b>02818</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<br><b>JORGE E. SAMMOUR HASBUN</b>                                                                                                                                             |  |                                                                                                                     | Date<br><b>08/25/2025</b> |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                                     |                           |

**FILED 2:25P**

**AUG 25 2025**

**MAIL TO:**

**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)



**BY QBENA**