RI SOS Filing Number: 202210762000 Date: 2/11/2022 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

FILED OF STATE

1. Entity ID Number 000830040		2. Exact name of the Corporation Chartier Building Company, Inc.				
Principal Office Address High Meadow Road			City Little Compton	State RI	Zip 02720	
4. NAICS Code 531312		Brief description of the character of business conducted in Rhode Island Purchase, hold, develop, improve, rent, and sell real estate				
5. State of Incorporation Rhode Island						
7. List ALL officers (names a	and addresses)			Check the box to indi	cate an attachment 🗌	
President Name Richard R. Chartier			Vice-President Name			
Street Address 9 High Meadow Road			Street Address 9 High Meadow Road			
City Little Compton	State RI	Zip 02720	City Little Compton	State RI	Zip 02720	
Secretary Name Richard R. Chartier			Treasurer Name Richard R. Chartier			
Street Address 9 High Meadow Road			Street Address 9 High Meadow Road			
City Little Compton	State RI	Zip 02720	City Little Compton	State RI	Zip 02720	
8. List ALL directors (names	and addresses)	•	···	Check the box to indi	icate an attachment	
Director Name Richard R. Chartier			Director Name			
Street Address 9 High Meadow Road			Street Address			
City Little Compton	State RI	Zip 02720	City	State	Zip	
Director Name			Director Name	Director Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares	10. Shares Issued Check the box		icate an attachment 🔲	
This information is currently of record in the Department of State.				CLASS/SERIES	PAR VALUE	
Changes require an additiona	al filing.	200 comm	on shares \$.01 par value			
11. This report must be executrustee, this report must be			n authorized representative. If by the receiver or trustee.	the corporation is in the	hands of a receiver or	
Under penalty of perjury, i statements, and that all st			nined this report, including a and correct.	ny accompanying sch	edules and	
Name of Authorized Repres	entative Q /	1/1	* -	Date 0/	1/2090	

Division of Business Services

Signature of Authorized Representative

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

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