



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 70407		2. Name of Corporation Charland Enterprises, Inc			
3. Street Address Principal Business Office 168 Benefit Street		City Pawtucket	State RI	Zip 02861	
4. Business Phone No. (401) 728-1630		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Heating, Plumbing, Air Condition, Oil Delivery, Sales & Service, General Contractor, Asbestos					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name J. m. Norton		Vice President Name Shawn Norton			
Street Address 28 Francis Ave		Street Address 28 Francis Ave			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Shawn Norton		Treasurer Name J. m. Norton			
Street Address 28 Francis Ave		Street Address 28 Francis Ave			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐
AUTHORIZED SHARES					ISSUED SHARES — THIS SECTION MUST BE COMPLETED
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	No Par Value		1,000 SHS	No Par Value	
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	FILED C
Check No.	APR 11 2008
By	By 055418 3:04
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: Shawn Marie Norton Date: 4-11-08
Print or Type Name: Shawn Marie Norton
Title: Vice President