

2. Name of Corporation

1. Corporate ID No.

53025

3. Street Address Principal Business Office

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

State

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

C.H.A. Holding Company

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.

14 Lopez Sti	reet		Providence	RI	02908
4. Bustness Phone No.		5. State of Incorporation	1107120000		
331-2720 Rhode Isl			nd		
6. Brief Description of the Cb	paracter of Business Conducted	in Rhode Island			
purchase and 7. NAMES AND ADDR President Name Allan Goldber		nvestment in, re RS: <i>(*X* BOX FOR AFTA</i>	al estate CHMENT)   FILLIN S  Vice President Name	paces before using a	TTACHMENTS
Street Address 14 Lopez Street			Street Address		3 00 3
City	State	Zip	City	State	Zip 1
Providence	Rí	02908			
Secretary Name			Treasurer Name		
Allan Goldberg Street Address			Allan Goldberg Street Address		
14 Lopez Street			14 Lopez Street		
City Providence	State RI	<sup>Zip</sup> 02908	City Providence	State RI	<sup>Ζφ</sup> 02908
8. NAMES AND ADDR	ESSES OF THE DIRECT	ORS. ("X" BOX FOR AT	rachment) 🖂 fill in	SPACES BEFORE USING	ATTACHMENTS
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Name		,
Street Address			Street Address		
City	State	Zip	City	State	<i>Т</i> .
Director Name	J		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ('X' BOX FOR AT	TACHMENT)	the and the tribute of the control of the control of	("X" BOX FOR ATTACH TION MUST BE COMPLETED	MENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	common	no par value	50	common	no par value
		<u> </u>	· 特特 \$500		
File Date  Check No.	ecuted on behalf of the c	APR 1 4 2008	or trustee.  Under penalty of p including any acce	erjury, I declare and affirm the manying schedules and state full and correct.	at I have examined this report ements, and that all statement
FOR SECRETAR	Y OF STATE USE WHILE	70 -	Title		Form 630 Rev. 12/06