

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 trendty fee of \$25.00

| law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. | | | | |
|--|---|-----------------------------------|------------------------------------|-----------------------|
| 1. Corporate ID No. 3946 Chafee hand Company, Inc. | | | | |
| 3. Street Address Principal Business Office So Ferry Road | | Saunderstown | State RI | 02874 |
| 4. Business Phone No. 401-258-8871 | 5. State of Incorporation Rhode | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name | | | | |
| Virginia C. Chase | | Quentin q Chafee | | |
| Street Address Pojac Point | | Street Address Ferry Road | | |
| No. Kingstown RI | O2852 | City Saunders Town Tragsurer Name | State RI | ^{Zip} 02.874 |
| Alexandra C. Reynolds | | Oirginia C. Chafee | | |
| Streel Address 619 C Ministerial | Road | Street Address Popac Pa | oint | |
| Wakefield RI | Zip 02879 | No Kingstown | State QT | ^{Z\$p} 02852 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS. ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Director | | | | |
| Virginia C. Chafee | | Street Address | | |
| As above State | T-: " | As a | bove State | I |
| City State | Ζίρ | City | State | Zip |
| Aleyandra C. Reynolds | | Dtrector Name | | |
| Street Address As above | | Street Address | | |
| City State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT ("X | | | | |
| Number of Shares Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 4,000 \$10 par value | | 1,150 | Common | 910 |
| V | | | al III ditti umi f runa sees en en | |
| 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. | | | | |
| | portation by the receiver v | of trustee. | | |
| | | I | I de alone and a@come that I | leave and this area |
| | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements | | | |
| File Date | contained herein are true and correct. Uniquial Chole 7 March 2088 | | | |
| Check No. MAR 0 \$ 2008 | | Signature Date | | |
| By 305 W | | Virginia Print or Type Wame | C. Chafee | , |
| BV September 1 | | Preside | .nt | |
| FOR SECRETARY OF STATE USE ONLY | | Title | | D (20 D 00/05 |