

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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(e&d)) is

subject to a penalty fee of \$25.00.					
1. Corporate ID No. 112060	2. Name of Corporation The Chanler, Inc.				
3. Street Address Principal Business Office 117 Memorial Boulevard			City Newport	State RI	^{Zip} 02840
4. Business Phone No. 5. State of Incorporation 401-847-1300 Rhode Island					-
6. Brief Description of the Character of MANAGING AND OPERATI			PERTIES		
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) 🗌 FILL IN	SPACES BEFORE USING A	ATTACHMENTS
President Name			Vice President Name		
John M. Shufelt			John M. Shufelt		
Street Address 4151 Gulf Shore Boulevard N., #1603			Street Address 4151 Gulf Shore Boulevard N., #1603		
City Naples	State FL	^{Zip} 34103	City Naples	State FL	^{zip} 34103
Secretary Name John M. Shufelt			Treasurer Name John M. Shufelt		
Street Address			Street Address		
4151 Gulf Shore Boulevard N., #1603			4151 Gulf Shore Boulevard N., #1603		
City Naples	State FL	^{Zip} 34103	City Naples	State FL	^{Zip} 34103
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	TACHMENT) [FILL	IN SPACES BEFORE USING	G ATTACHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	J	.J	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	I	l	10. SHARES ISSUE	 .D <i>("X" BOX FOR ATTACE</i>	 HMENT) □
,, , , , , , , , , , , , , , , , , , ,			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is appropriate of marchineth - Office of the Francisco			Number of Shares	Class/Series	Par Value
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			1000	COMMON	NONE
This report must be executed this report must be executed				e corporation is in the hands	s of a receiver or trustee,
tins report must be executed t	on behalf of the corp	oration by the receiver	or trustee.		
			Under seculty o	f notions I declare and office t	hat I have avamined this rans
	•			of perjury, I declare and affirm t ecompanying schedules and sta	
CII	En			n areatrue and correct.	
File Date	.ED		, Z//A	Aso Mr	1-13-10
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Check No. JAN 2	1 2010		John M. S	hufelt	
Bv \0	1056		Print or Type Name		
By:	<u></u>		President		
FOR SECRETARY OF STA	ATE USE ONLY		Title		