

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 2011

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. 7-1.2-150).

"In accordance with R.I.G.L. /-1.2-1, subject to a penalty fee of \$25.00.	501(e), each corporation fai	ling or refusing to file its anni	ial report within thirty (30) days after	the time prescribed by law (R.I.	.G.L. /-1.2-1501(c&d)) is	
1. Corporate 1D No. 11277	2. Name of Corporation CHUCKLES ASSOCIATES LTD.					
3. Street Address Principal Business Office 55 DORRANCE STREET			PROVIDENCE	State RI	<sup>Ζip</sup> <b>02903</b>	
		5. State of Incorporation RHODE ISLAND				
6. Brief Description of the Character of REAL ESTATE HOLDING A		ode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name JAMES CARR, JR.			Vice President Name GIRARD R. VISCONTI, ESQUIRE			
Street Address 55 DORRANCE STREET			Street Address 55 DORRANCE STREET			
PROVIDENCE	State RI	<sup>Ζίμ</sup> <b>02903</b>	PROVIDENCE	State RI	<sup>Ζφ</sup> 02903	
Secretary Name  JAMES CARR, JR.			Treasurer Name GIRARD R. VISCONTI, ESQUIRE			
Street Address 55 DORRANCE STREET			Street Address 55 DORRANCE STREET			
PROVIDENCE	State RI	<sup>Zφ</sup> <b>02903</b>	City PROVIDENCE	State RI	<i>Zip</i> 02903	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name NONE			ACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name			
Street Address			Street Address			
City	State	Ζip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			Number of Shares	Class/Series	Par Value	
			300	COMMON	NO PAR VALUE	
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.						

FILED	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 JAN 3 1 2011	contained base in the first and correct.  Signature  Date
Check Napty	JAMES CARR, JR.  Print or Type Name
FOR SECRETARY OF STATE USE ONLY	PRESIDENT Title
	Form 630 Rev. 08/08