



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2006

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 115244		2. Name of Corporation Chewey Answering Service			
3. Street Address Principal Business Office 236 Broadway		City Newport	State RI	Zip 02840	
4. Business Phone No. 401-846-2090		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Answering phones (answ.)					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Corinne A Edenbach			Vice President Name Corinne A Edenbach		
Street Address 236 Broadway			Street Address 236 Broadway		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Corinne A Edenbach			Treasurer Name Corinne Edenbach		
Street Address 236 Broadway			Street Address 236 Broadway		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Corinne A Edenbach			Director Name		
Street Address 236 Broadway			Street Address		
City Newport	State RI	Zip 02840	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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares 1,000.00		Class/Series	Par Value 100.		

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.

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: **Corinne A Edenbach** Date: **11/1/11**
Print or Type Name: **Corinne A Edenbach**
Title: **owner**

FILED

File Date: _____
Check No. **DEC 22 2011**
By: **159195 11:37**

BY _____
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