



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>00115244</b>		2. Exact name of the Corporation <b>CHELSEY ANSWERING SERVICE INC</b>			
3. Principal office address <b>236 BROADWAY</b>		City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	
4. Business Phone No. <b>401-846-2090</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>ANSWERING PHONES</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>CORINNE A. EDENBACH</b>			Vice-President Name <b>CORINNE A. EDENBACH</b>		
Street Address <b>236 BROADWAY</b>			Street Address <b>236 BROADWAY</b>		
City <b>NEWPORT</b>	State <b>R.I.</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>R.I.</b>	Zip <b>02840</b>
Secretary Name <b>CORINNE A. EDENBACH</b>			Treasurer Name <b>CORINNE A. EDENBACH</b>		
Street Address <b>236 BROADWAY</b>			Street Address <b>236 BROADWAY</b>		
City <b>NEWPORT</b>	State <b>R.I.</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>R.I.</b>	Zip <b>02840</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>CORINNE A. EDENBACH</b>			Director Name XX		
Street Address <b>236 BROADWAY</b>			Street Address XX		
City <b>NEWPORT</b>	State <b>R.I.</b>	Zip <b>02840</b>	City XXXXXXXXXXXXXXXXXXXX	State XXXXXXXXXX	Zip XXXXXXXXXX
Director Name XX			Director Name XX		
Street Address XX			Street Address XX		
City XXXXXXXXXXXXXXXXXXXX	State XXXXXXXXXX	Zip XXXXXXXXXX	City XXXXXXXXXXXXXXXXXXXX	State XXXXXXXXXX	Zip XXXXXXXXXX
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			1,000.00		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.

**FILE**

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.

**JAN 24 2013**

*Corinne A Edenbach* / 1/23/13  
 Signature of Authorized Representative Date

**BY 200056223**

**CORINNE A. EDENBACH**

Print or Type Name of Authorized Representative

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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