



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. 00115244		2. Exact name of the Corporation CHELSEY ANSWERING SERVICE INC			
3. Principal office address 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					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name CORINNE A. EDENBACH			Vice-President Name CORINNE A. EDENBACH		
Street Address 236 BROADWAY			Street Address 236 BROADWAY		
City NEWPORT	State R.I.	Zip 02840	City NEWPORT	State R.I.	Zip 02840
Secretary Name CORINNE A. EDENBACH			Treasurer Name CORINNE A. EDENBACH		
Street Address 236 BROADWAY			Street Address 236 BROADWAY		
City NEWPORT	State R.I.	Zip 02840	City NEWPORT	State R.I.	Zip 02840
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name CORINNE A. EDENBACH			Director Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Street Address 236 BROADWAY			Street Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
City NEWPORT	State R.I.	Zip 02840	City XXXXXXXXXXXXXXXXXXXX	State XXXXXXXXXX	Zip XXXXXXXXXX
Director Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			Director Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Street Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			Street Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

JAN 24 2013

BY 200056223

Signature of Authorized Representative

Date

CORINNE A. EDENBACH

Print or Type Name of Authorized Representative