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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.	2. Exact name of the Corporation
66089	**Chandler Architectural Products, Inc.**

3. Principal office address	City	State	Zip
255 Interstate Drive	**West Springfield**	**MA**	**01089**

4. Business Phone No.	5. State of Incorporation
413-733-1111	**Massachusetts**

6. Brief description of the character of business conducted in Rhode Island
Glass & Glazing Subcontractora, Metal Windows, Curtainwalls, Entrances

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Andrew P. Mele	
Street Address: **10 Webster Lane**	Street Address:
City: **Wilbraham** State: **MA** Zip: **01095**	City: State: Zip:
Secretary Name: **Joy A. J. Taillefer**	Treasurer Name: **Robin C. Taylor**
Street Address: **67 Gilbert Road**	Street Address: **18 Huntington Drive**
City: **Southampton** State: **MA** Zip: **01073**	City: **Somers,** State: **CT** Zip: **06071**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Robin C. Taylor	**Audry Taylor**
Street Address: **18 Huntington Drive**	Street Address: **18 Huntington Drive**
City: **Somers** State: **CT** Zip: **06071**	City: **Somers** State: **CT** Zip: **06071**
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10,000	CNP	0
10,000	CNP	0

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 Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
FEB 27 2014
By 49-218534
A.A. 11.15 A.M.

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 of Authorized Representative — Date: **02/24/2014**

Andrew P. Mele, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
103376-12-916240

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SECRETARY OF STATE
CORPORATIONS DIV