



**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** 2014

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.<br><u>150078</u>  |                    | 2. Exact name of the Corporation<br><u>CHIMERA INC.</u> |  |                    |                     |
| 3. Principal office address<br><u>122 NORTH RIVER DR.</u>  |                    |   | City<br><u>NARRAGANSETT</u>  | State<br><u>RI</u> | Zip<br><u>02882</u> |
| 4. Business Phone No.<br><u>783-4538</u>   |                    |   | 5. State of Incorporation<br><u>RI</u>                                     |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><u>REAL ESTATE MGMT.</u>  |                    |   |  |                    |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>  |                    |   |  |                    |                     |
| President Name<br><u>ANTONIO SALVATORE</u>   |                    |   | Vice-President Name  |                    |                     |
| Street Address<br><u>122 NORTH RIVER DR.</u>   |                    |   | Street Address   |                    |                     |
| City<br><u>NARRAGANSETT</u>  | State<br><u>RI</u> | Zip<br><u>02882</u>                                     | City   | State              | Zip                 |
| Secretary Name   |                    |   | Treasurer Name<br><u>MARGUERITE SALVATORE</u>                              |                    |                     |
| Street Address   |                    |   | Street Address<br><u>SAME</u>  |                    |                     |
| City   | State              | Zip   | City   | State              | Zip                 |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>   |                    |   |  |                    |                     |
| Director Name  |                    |   | Director Name  |                    |                     |
| Street Address   |                    |   | Street Address   |                    |                     |
| City   | State              | Zip   | City   | State              | Zip                 |
| Director Name  |                    |   | Director Name  |                    |                     |
| Street Address   |                    |   | Street Address   |                    |                     |
| City   | State              | Zip   | City   | State              | Zip                 |
| <b>9. SHARES AUTHORIZED</b> <u>1000</u>  |                    |   | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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           |
|  |                    |   | <u>NONE</u>  | <u>COMMON</u>      | <u>0</u>            |

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**  
 MAR 17 2014  
6021

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.

Antonio Salvatore 3-14-14  
 Signature of Authorized Representative Date  
Antonio SALVATORE  
 Print or Type Name of Authorized Representative