

**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

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. 485469		2. Exact name of the Corporation CHD MAINTENANCE CORP			
3. Principal office address PO BOX 563		City BLOCK ISLAND	State RI	Zip 02807	
4. Business Phone No. (401) 742-2359		5. State of Incorporation WILMINGTON DELAWARE			
6. Brief description of the character of business conducted in Rhode Island PAINTING & MAINTENANCE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name CHARLES H. DOUGLAS JR			Vice-President Name X		
Street Address 72 WESTSIDE RD. B-8			Street Address X		
City BLOCK ISLAND	State RI	Zip 02807	City	State	Zip
Secretary Name X			Treasurer Name X		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name CHARLES H. DOUGLAS JR			Director Name HUGO F SPIDALIERI JR.		
Street Address 72 WESTSIDE RD B8			Street Address PO BOX 1508		
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State R.I.	Zip 02807
Director Name X			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"/>		
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 1500	CLASS/SERIES Common	PAR VALUE 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.

FILED

File Date _____

Check No _____

By: _____ BY _____

MAR 19 2014**4630**

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.

Charles H. Douglas 3-17-14
Signature of Authorized Representative Date

Charles H. Douglas
Print or Type Name of Authorized Representative

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