



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. 37657		2. Exact name of the Corporation Chrisha Creations, LTD.			
3. Principal office address 7 Industrial Drive South			City Smithfield	State RI	Zip 02917
4. Business Phone No. (401) 949-4329		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Manufacture and sale of lamps, infant furniture, wood products & related items, buying and selling real estate & other lawful purposes.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name William Machala			Vice-President Name William Machala		
Street Address 7 Industrial Drive South			Street Address 7 Industrial Drive South		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name William Machala			Treasurer Name William Machala		
Street Address 7 Industrial Drive South			Street Address 7 Industrial Drive South		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name William Machala			Director Name		
Street Address 7 Industrial Drive South			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Director Name			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	CLASS/SERIES	PAR VALUE
			100	Common	No par value

2014 MAR 31 AM 10:57
 SECRETARY OF STATE
 CORPORATIONS DIV

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 31 2014
 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: William Machala Date: 3/10/14
William Machala, President
 Print or Type Name of Authorized Representative

BY CM 221222