



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. 000525846		2. Exact name of the Corporation CHA, Inc.			
3. Principal office address 3 Winners Circle		City Albany		State NY	Zip 12205
4. Business Phone No. 518-453-4500		5. State of Incorporation DE			
6. Brief description of the character of business conducted in Rhode Island to engage in any lawful act or activity for which corporations may be organized under the Rhode Island law.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rodney A. Bascom			Vice-President Name		
Street Address 3 Winners Circle			Street Address		
City Albany	State NY	Zip 12205	City	State	Zip
Secretary Name Michael A. Platt			Treasurer Name Dom Bernardo		
Street Address 3 Winners Circle			Street Address 3 Winners Circle		
City Albany	State NY	Zip 12205	City Albany	State NY	Zip 12205
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ira Starr			Director Name Eric Von Stroh		
Street Address 600 5th Avenue			Street Address 600 5th Avenue		
City New York	State NY	Zip 10020	City New York	State NY	Zip 10020
Director Name Raymond J. Kinley, Jr.			Director Name		
Street Address 3 Winners Circle			Street Address		
City Albany	State NY	Zip 12205	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
			1000	01	.01

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

MAY 02 2014

BY CK 223438
10:36

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

Michael A. Platt

Print or Type Name of Authorized Representative