



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. 44535		2. Exact name of the Corporation CHABOT ASSOCIATES INC			
3. Principal office address 10 KING PHILIP CIR		City NORTH KINGSTOWN		State RI	Zip 02852
4. Business Phone No. 401-885-2927		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island GENERAL BUILDING CONTRACTOR					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOSEPH J. CHABOT			Vice-President Name N/A		
Street Address 10 KING PHILIP CIR			Street Address		
City N. KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name SHERYL CHABOT			Treasurer Name		
Street Address Same			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name N/A			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
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
			1		100.00

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

Form No. 630
Revised: 01/2012

FILED

MAY 28 2014

By

A.A.

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.

Joseph J. Chabot
Signature of Authorized Representative

May 28, 2014
Date

JOSEPH J. CHABOT
Print or Type Name of Authorized Representative