



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 **2015**

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. 4047		2. Exact name of the Corporation CHATEAU ENTERPRISES, INC.			
3. Principal office address 135 Beechwood Drive		City Cranston	State RI	Zip 02920	
4. Business Phone No. (401)838-5502		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Real Estate and any other related lawful purpose.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ralph J. Velleco			Vice-President Name Cheryl Velleco		
Street Address 135 Beechwood Drive			Street Address 135 Beechwood Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Cheryl Velleco			Treasurer Name Ralph J. Velleco		
Street Address 135 Beechwood Drive			Street Address 135 Beechwood Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Cheryl Velleco			Director Name Ralph J. Velleco		
Street Address 135 Beechwood Drive			Street Address 135 Beechwood Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name N/A			Director Name N/A		
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
			400	Common	No par value

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

DEC 24 2014

BY _____

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.

Ralph Velleco 12-16-14
Signature of Authorized Representative Date

Ralph J. Velleco, President

Print or Type Name of Authorized Representative