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.	2. Exact name of the Corporation			
485469	CHD MAINTENANCE CORP.			
3. Principal office address: PO BOX 563		City: BLOCK ISLAND	State: R.I.	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) ☐

President Name: CHARLES H. DOUGLAS JR.			Vice-President Name: Ø		
Street Address: 72 WESTSIDE RD. B-8			Street Address		
City: BLOCK ISLAND	State: R.I.	Zip: 02807	City	State	Zip
Secretary Name: Ø			Treasurer Name: Ø		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: CHARLES H. DOUGLAS JR.			Director Name: HUGO E. SPIDLIERI JR.		
Street Address: 72 WESTSIDE RD. B-8			Street Address: PO BOX 1508		
City: BLOCK ISLAND	State: RI.	Zip: 02807	City: BLOCK ISLAND	State: RI.	Zip: 02807
Director Name: Ø			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1500	COMMON	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
APR 09 2015

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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 Jr 3-28-15
Signature of Authorized Representative — Date

CHARLES H. DOUGLAS JR.
Print or Type Name of Authorized Representative

2015 APR -9 AM 9:53
SECRETARY OF STATE
CORPORATIONS DIV

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