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			
44535	CHABOT ASSOCIATES INC			
3. Principal office address		City	State	Zip
10 KING PHILLIP CIR		N. KINGSTOWN	RI	02852
4. Business Phone No.		5. State of Incorporation		
401-885-2927		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) ☐

President Name	Vice-President Name
JOSEPH CHABOT	
Street Address	Street Address
10 KING PHILLIP CIR	
City / State / Zip	City / State / Zip
N. KINGSTOWN / RI / 02852	
Secretary Name	Treasurer Name
SHERYL CHABOT	
Street Address	Street Address
SAME AS ABOVE	
City / State / Zip	City / State / Zip

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

Director Name	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) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	SAME (NO CHANGE)		
	1000		

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.

FOR SECRETARY OF STATE USE ONLY
File Date
Check No.
By:

FILED
APR 10 2015

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
April 10, 2015 — Date

By C5568516 JOSEPH J. CHABOT — Print or Type Name of Authorized Representative
KM

Form No. 630
Revised: 01/2012

SECRETARY OF STATE
CORPORATIONS DIV
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