



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 2016

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. 3288		2. Exact name of the Corporation THE CNP CORPORATION			
3. Principal office address P.O. BOX 1143			City DARIEN	State CT	Zip 06820
4. Business Phone No. 203-655-9046		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island RENTER OF COMMERCIAL PROPERTY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT CALVE			Vice-President Name		
Street Address 67 HOLLOW TREE RIDGE ROAD			Street Address		
City DARIEN	State CT	Zip 06820	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ROBERT CALVE			Director Name		
Street Address 67 HOLLOW TREE RIDGE ROAD			Street Address		
City DARIEN	State CT	Zip 06820	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
			100	COMMON	\$10

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
 JAN 21 2016

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 _____

Print or Type Name of Authorized Representative
 R CALVE MINS

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