

## 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 2

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 na	2. Exact name of the Corporation				
59997	Chand	Chandler Realty, Inc.				
3. Principal office address 1155 Park Avenue			City Cranston	State RI	Zip 02910	
4. Business Phone No. 401-943-1700			5. State of Incorporation Rhode Island			
6. Brief description of the c Real Estate	haracter of busines	s conducted in Rhode Island				
72.DST/AULIOFFICERS((	NAMES AND ADD	RESSES)(4X&BOX(FOR A	TIVACE: MENTER TO THE			
President Name Brian J. Keough			Vice-President Name Peter E. Kilkenny			
Street Address 200 Cannon Street #101			Street Address 142 Kimberly Lane			
City Cranston	State RI	Zip <b>02920</b>	City West Warwick	State RI	Zip 02893	
Secretary Name Patricia A. Keough			Treasurer Name Brian J. Keough			
Street Address 200 Cannon Street #101			Street Address 200 Cannon Street 101			
City Cranston	State RI	Zíp <b>02920</b>	City Cranston	State RI	Zip 02920	
85/UST/AUGDIRECTORS	(NAMES/AND/ADI	RESSES) (IIX#BOX FOR#	TITACHMENT)			
Director Name Brian J. Keough			Director Name Peter E. Kilkenr	ıy		
Street Address 200 Cannon Street #	<del>‡</del> 101		Street Address 142 Kimberly La	ane		
City Cranston	State RI	Zip 02920	City State West Warwick RI		Zip 02893	
Director Name Patricia A. Keough			Director Name Lynn M. Kilkenny			
Street Address 200 Cannon Street #	¥101		Street Address 142 Kimberly La	ane		
City Cranston	State RI	Zip <b>02920</b>	City State West Warwick RI		Zip 02893	
ASHARES AUTHORIZED			107SHARES ISSUED	("X" BOX FOR ATTAC	HENT)	
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	\$.01	
This report must be execute	ed on behalf of the	corporation by an authorized	representative. If the c			

this report must be executed on behalf of the corporation by the receiver or trustee.

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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 berein are true and correct.

Signature of Authorized Representative Brian J. Keough

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012

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