



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

2016

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

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. <b>146618</b>		2. Exact name of the Corporation CHARLEY'S PLACE, INC.			
3. Principal office address 258 FIRST AVENUE			City WOONSOCKET	State RI	Zip 02895
4. Business Phone No. 359-6777		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island operation of a drinking establishment and all other lawful business.					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name Charles E. DiChiaro, Sr.			Vice-President Name		
Street Address 296 Fairmount Street			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name Charles E. DiChiaro, Sr.			Treasurer Name Charles E. DiChiaro, Sr.		
Street Address 296 Fairmount Street			Street Address 296 Fairmount Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name none			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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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
			1000	common	\$1.00

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

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.

**FILED**

JAN 29 2016

KL 426

Signature of Authorized Representative

Date

Charles E. DiChiaro, Sr., President

Print or Type Name of Authorized Representative