



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. 64475 | | 2. Exact name of the Corporation Challenge Electronics, Inc. | | | |
| 3. Principal office address 900 Waterman Avenue | | City East Providence | State RI | Zip 02914 | |
| 4. Business Phone No. (401) 421-9290 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief description of the character of business conducted in Rhode Island Sales and service of marine electronic equipment and communications systems and equipment. | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Ronald A. Hopkins | | Vice-President Name None | | | |
| Street Address 900 Waterman Avenue | | Street Address | | | |
| City East Providence | State RI | Zip 02914 | City | State | Zip |
| Secretary Name Norman Jay Bolotow | | Treasurer Name Ronald A. Hopkins | | | |
| Street Address 245 Waterman Street, Suite 401 | | Street Address 900 Waterman Avenue | | | |
| City Providence | State RI | Zip 02906 | City East Providence | State RI | Zip 02914 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <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 RI | Zip 02919 | 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 |
| | | | 200 | Common | No Par |
| | | | | | |

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

Form No. 630
Revised: 01/2012

FILED

FEB 18 2016

RY **HL 16733**

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

Ronald A. Hopkins

Print or Type Name of Authorized Representative

Date **2/6/16**