

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 • FAI	LURE TO FILE	THIS REPORT BY M	ARCH 31 WILL RESUL	T IN A \$	25.00 PENAL	TY FEE.		
1. Entity ID No.		2. Exact name of the Corporation						
000055187	Charle	s Elliot Prope	rties, Inc.					
3. Principal office address			City	State		Zip		
370 Wampanoag Trail			East Provide	ence RI		02915		
4. Business Phone No.			5. State of Incorporation			57	OM	
401-431-1180	Rhode Island				OR R			
Brief description of the charac	ter of business c	onducted in Rhode Island				<u>~~~~</u>	Tum	
Real Estate Hold				? 12	SRA.			
	TO VERY STATE						Secretaria de la composición della composición d	
President Name	Vice-President Name							
Charles E. Werchadlo			Deborah Werchadlo			~ &	S	
Street Address	Street Address				- 2 2			
183 Westcott Road			183 Westcott Road			£5	رنا	
City	State	Zip	City		State	Zip		
North Scituate	RI	02857	North Scitu	ate	RI	02857		
Secretary Name			Treasurer Name					
Deborah Werchadlo	Charles E. Werchadlo							
Street Address			Street Address		<u> </u>			
183 Westcott Road	I		183 Westcot	t Road	†			
City	State	Zip	City		State	Zlp		
North Scituate	RI	02857	North Scitu	ate	RI	02857		
	ies andarion	TEETAWA BEET	TAVILLEN ES		dutains a			
Director Name			Director Name					
Charles E. Wercha	Deborah Werchadlo							
Street Address	Street Address							
183 Westcott Road			183 Westcott Road					
City	State	Zip	City		State	Zip		
North Scituate	RI	02857	North Scituate		RI	02857	7	
Director Name			Director Name					
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·				
City	State	Zip	City		State	Zip		
				10000			a real	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling.			NUMBER OF SHARES	TIO D	ar value	PAR VALUE		
See Section 9 of Instruction sh					on stock			
This report must be executed or	n behalf of the co	rporation by an authorize	d representative. If the cor	poration is	in the hands o	f a receiver or tru	istee,	

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



FILED

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.

Mulica Would Signature of Authorized Representative

APR 1 2 2016

Charles E. Werchadlo

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012