



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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SECRETARY OF STATE
CORPORATIONS DIV.
2016 MAY 26 PM 2:57

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE

1. Entity ID Number <u>70407</u>		2. Exact name of the Corporation <u>Charland Enterprises Inc.</u>	
3. Principal Office Address <u>P O Box 2252</u>		City <u>Pawtucket</u>	State <u>RI</u>
		Zip <u>02861</u>	
4. Business Phone Number <u>(401) 728-1630</u>		5. State of Incorporation <u>RI</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Plumbing, heating, A/C, oil delivery, sales & service, home inspections, general contractor, asbestos abatement, & drain cleaning</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>J. M. Norton</u>		Vice-President Name <u>Shawn Marie Norton</u>	
Street Address <u>28 Francis Ave</u>		Street Address <u>28 Francis Ave</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02860</u>	
Secretary Name <u>Shawn Marie Norton</u>		Treasurer Name <u>J. M. Norton</u>	
Street Address <u>28 Francis Ave</u>		Street Address <u>28 Francis Ave</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02860</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>NONE</u>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized			
10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.			
NUMBER OF SHARES <u>1,000</u>		CLASS/SERIES <u>STK</u>	PAR VALUE <u>0.00</u>
11. 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. 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.			
Name of Authorized Representative <u>Shawn Marie Norton</u>			Date <u>5-26-16</u>
Signature of Authorized Representative <u>Shawn Marie Norton</u>			

FILED

MAY 26 2016

BY 6275276