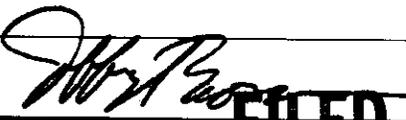




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1018613		2. Exact name of the Corporation Chatham Industries, Inc.			
3. Principal Office Address 106 High Street		City Cumberland		State RI	Zip 02864
4. NAICS Code 42 - Wholesale Trade		6. Brief description of the character of business conducted in Rhode Island Provides professional cleaning and janitorial services.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeffrey S. Brown			Vice-President Name None		
Street Address 106 High Street			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Jeffrey S. Brown			Treasurer Name Jeffrey S. Brown		
Street Address 106 High Street			Street Address 106 High Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jeffrey S. Brown			Director Name		
Street Address 106 High Street			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the 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		CLASS/SERIES
			8,908.25		Common
			PAR VALUE		No par value
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 Jeffrey S. Brown				Date 1/10/17	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JAN 17 2017
 BY 020708 DS