



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 <u>42726</u>		2. Exact name of the Corporation <u>Christopher Construction Corp.</u>			
3. Principal Office Address <u>40 Toppa Blvd</u>		City <u>Newport</u>		State <u>R.I.</u>	Zip <u>02840</u>
4. NAICS Code <u>23</u>		6. Brief description of the character of business conducted in Rhode Island <u>Residential Construction and Remodeling</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name <u>Christopher S. Christopher</u>			Vice-President Name <u>None</u>		
Street Address <u>40 Toppa Blvd</u>			Street Address		
City <u>Newport</u>	State <u>R.I.</u>	Zip <u>02840</u>	City	State	Zip
Secretary Name <u>None</u>			Treasurer Name <u>None</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name <u>None</u>			Director Name <u>None</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>None</u>			Director Name <u>None</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		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 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>Christopher S. Christopher</u>					Date <u>20 Jan 17</u>
Signature of Authorized Representative <u>[Signature]</u>					FILED
					JAN 23 2017

MAIL TO:
Division of Business Services
400 N. Main Street, Providence, Rhode Island 02903-2017

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