



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) <span style="float: right;">Check the box to indicate an attachment</span>					
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) <span style="float: right;">Check the box to indicate an attachment</span>					
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 <span style="float: right;">Check the box to indicate an attachment</span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			<u>100</u>		<u>Common</u>
					PAR VALUE
					<u>No Par Value</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 trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>					
Name of Authorized Representative <u>Christopher S. Christopher</u>					Date <u>20 Jan 17</u>
Signature of Authorized Representative <u>[Signature]</u>					<b>FILED</b>
					<b>JAN 23 2017</b>

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

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