



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 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

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

| | | | | | |
|--|--------------------|---|--|--------------------|---------------------|
| 1. Entity ID No. 11277 | | 2. Exact name of the Corporation Chuckles Associates Ltd. | | | |
| 3. Principal office address 1080 Main Street | | | City Pawtucket | State RI | Zip 02860 |
| 4. Business Phone No. (401) 272-1400 | | | 5. State of Incorporation Rhode Island | | |
| 6. Brief description of the character of business conducted in Rhode Island Real estate holding and management | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) | | | | | |
| President Name James Carr, Jr. | | | Vice-President Name Girard R. Visconti | | |
| Street Address 1080 Main Street | | | Street Address 1080 Main Street | | |
| City Pawtucket | State RI | Zip 02860 | City Pawtucket | State RI | Zip 02860 |
| Secretary Name James Carr, Jr. | | | Treasurer Name Girard R. Visconti | | |
| Street Address 1080 Main Street | | | Street Address 1080 Main Street | | |
| City Pawtucket | State RI | Zip 02860 | City Pawtucket | State RI | Zip 02860 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name NONE | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 300 | Common | No par value |

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.

File Date _____

Check No _____

By: _____

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FEB 15 2017

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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.

Signature of Authorized Representative

Date

James Carr, Jr., President

Print or Type Name of Authorized Representative