RI SOS Filing Number: 201734559770 Date: 2/21/2017 4:00:00 PM

State of Rho-

' and Providence Plantations

Departm.

.. 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.

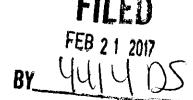
1. Entity ID Number		2. Exact name of the Corporation					
108878		Chamy Corporation					
			City		State	Zip	
3. Principal Office Address 110 Railroad Avenue			Saundersto	nwn	RI	02874	
4. NAICS Code	i i	ription of the charac	cter of business o	conducted in Rhode	sisland		
53 - Real Estate and Rental	and To constru	ct, purchase, leas	e, maintain and	operate commerc	ial business	property or properties.	
5. State of Incorporation							
Rhode Island						;	
7. List ALL officers (names and	l addresses)			Chec	k the box to i	ndicate an attachment 🔲	
President Name Kim F. Maine			Vice-President Name Kim F. Maine				
Street Address 110 Railroad Av	Street Address 110 Railroad Avenue						
City Saunderstown	State RI	<sup>Zip</sup> <b>02874</b>	City Saunderstown		State RI	<sup>Žip</sup> 02874	
Secretary Name Kim F. Maine			Treasurer Name Kim F. Maine				
Street Address 110 Railroad Avenue			Street Address 110 Railroad Avenue				
City Saunderstown	State RI	<sup>Zip</sup> 02874	City Saunderstown		State RI	<sup>Zip</sup> 02874	
8. List ALL directors (names an	nd addresses)				k the box to i	ndicate an attachment 🔲	
Director Name Kim F. Maine			Director Name	e			
Street Address 110 Railroad Avenue			Street Address				
City Saunderstown	State RI	<sup>Zip</sup> 02874	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address	Street Address					
	I <del>a</del>				lo: i		
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss		ued Check the box to indicate an attachment			
This information is currently of record in the		NUMBER OF SHARES		CLASS/SER	CLASS/SERIES PAR VALUÉ		
Department of State.  Changes require an additional filing.		200		Common		No Par Value	
11. This report must be execute	ed on behalf of the	corporation by an	authorized repres	I sentative. If the con	poration is in	the hands of a receiver or	
trustee, this report must be exe	cuted on behalf of	the corporation by	the receiver or to	rustee.			
Under penalty of perjury, I de				ncluding any acco	ompanying s	chedules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date							
Kim F. Maine		2/7/17					
Signature of Authorized Repres	sentative					,	
Am Man	L	4	<del>"</del>				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 630 - Revised: 10/2016