



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 108878		2. Exact name of the Corporation Chamy Corporation												
3. Principal Office Address 110 Railroad Avenue			City Saunderstown	State RI	Zip 02874									
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island To construct, purchase, lease, maintain and operate commercial business property or properties.												
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 Kim F. Maine			Vice-President Name Kim F. Maine											
Street Address 110 Railroad Avenue			Street Address 110 Railroad Avenue											
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 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	Zip 02874	City Saunderstown	State RI	Zip 02874									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Kim F. Maine			Director Name											
Street Address 110 Railroad Avenue			Street Address											
City Saunderstown	State RI	Zip 02874	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align:left">NUMBER OF SHARES</th> <th style="text-align:left">CLASS/SERIES</th> <th style="text-align:left">PAR VALUE</th> </tr> <tr> <td>200</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par Value			
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200	Common	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 Kim F. Maine				Date 2/7/17										
Signature of Authorized Representative <i>Kim F. Maine</i>														

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
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