State of Rhode Island and	Providence Plant	ations			
Department of Star			vision		
Annual Report for the year:  Non-Profit Corporation  → Filing period: June 1 - June 30  → Filing Fee: \$20.00  → Penalty: Additional \$25.00 fee if the second secon	$\frac{20}{100}$	<b>J b b d d d d d d d d d d</b>		2017 APR -	<b>20</b>
1. Entity ID Number	,	f the Corporation		- C	)SI,
000799368	USA	CHESS	KIds INC	3	STE
3. State of Incorporation	,		of business conducted in Rhode Isl $\mathcal{H}$	<b>.</b>	# 355
5. Principal Office Address		/	City	State	Zip
56 ARCEN	COUR	<i>t</i>	WARWICK	12/	0288
List ALL officers (names and addresses)			Check the	e box to indicate a	n attachment
President Name GEORGEESAMMONK			Vice-President Name  VANET 2 MOLINA		
	COHET		Street Address	ARDEN	
City WARWICK	State 2	Zip 2889	City WARWICK	State	Zip 2886
Secretary Name			Treasurer Name	asbin	
Street Address S6 ARDEN WART			Street Address ARDEN COURT		
City WARWICK	State	Zip 02889	City WAR WILL	State /2 /	Zip 2889
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name			Director Name /	/	an attachment
GEOPGEESAMMOND Street Address			Street Address		
SGARDEU CL	Nat	<del></del>	201 GEDRGE	ANDEN	AVE
City WARWICK	State	2ip 2889	City WARWICK	State /2 /	2 28 FG
Director Name  ROSANNAMORENO			Director Name  MADGRATET	HASLIN	***
Street Address 4 AR LEN COURT			Street Address 56 A Rd EN COURT		
City WARWICK	State R /	Zip 2889	City WANWICK	State	Zip 02889
8. Registered Agent in Rhode Island	d. This information is	s currently of record i	in the Department of State. Changes req	uire filing Form 641.	
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative					/
GEORGE E SAMMOND 4/5/2017					
Signature of Officer/Authorized Representative					
MAIL TO:			4DD 0 F 2017		

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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By \$1 300228