

State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2018  
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 000111183		2. Exact name of the Corporation NORTH SCITUATE CHIMNEY SW						
3. Principal Office Address 150 CHOPMIST HILL ROAD			City NORTH SCITUATE		State RI			
			Zip 02857					
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island						
5. State of Incorporation RI		SALES AND SERVICE						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>			
President Name DONALD ROSS JR			Vice-President Name					
Street Address 1050 CHOPMIST HILL RD			Street Address					
City NORTH SCITUATE	State RI	Zip 02857	City	State	Zip			
Secretary Name			Treasurer Name DONALD ROSS JR					
Street Address			Street Address 1050 CHOPMIST HILL RD					
City	State	Zip	City	State	Zip			
			NORTH SCITUATE	RI	02857			
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>			
Director Name DONALD ROSS JR			Director Name					
Street Address 1050 CHOPMIST HILL RD			Street Address					
City NORTH SCITUATE	State RI	Zip 02857	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. Shares Authorized			10. Shares Issued					
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>					
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>COMMON</td> <td>0</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
1000	COMMON	0						
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 ✓ Donald Ross Jr					Date ✓ 1-17-18			
Signature of Authorized Representative DONALD ROSS								

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

JAN 22 2018

BY

7590