



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 3971		2. Exact name of the Corporation Champion Realty Corporation			
3. Principal Office Address 290 Smith Street			City Providence	State RI	Zip 02908
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate holding company			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jeffrey M. Watts			Vice-President Name Joseph R. Cardente		
Street Address 290 Smith Street			Street Address 290 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Joseph R. Cardente			Treasurer Name Jeffrey M. Watts		
Street Address 290 Smith Street			Street Address 290 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			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 Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Jeffrey M. Watts, President					Date 01-08-2018
Signature of Authorized Representative <i>Jeffrey M. Watts</i>					

SIGN DOCUMENT HERE

FILED

JAN 22 2018

BY

97180

FORM 630 - Revised: 10/2017

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov