



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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no par
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		

MAIL TO:
 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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 JAN 22 2018 *OL*
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