



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.

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 3288		2. Exact name of the Corporation THE CNP CORPORATION			
3. Principal Office Address P.O. Box 1143		City DARIEN		State CT	Zip 06820
4. NAICS Code 53110		6. Brief description of the character of business conducted in Rhode Island RENTER OF COMMERCIAL PROPERTY			
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 ROBERT CALVE			Vice-President Name		
Street Address 67 HOLLOW TREE RIDGE ROAD			Street Address		
City DARIEN	State CT	Zip 06820	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT CALVE			Director Name		
Street Address 67 HOLLOW TREE RIDGE ROAD			Street Address		
City DARIEN	State CT	Zip 06820	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"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE \$10
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 ROBERT CALVE				Date 1/18/18	
Signature of Authorized Representative 				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

JAN 22 2018

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FORM 630 - Revised: 10/2017