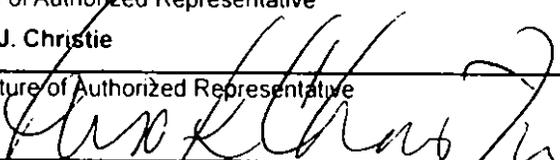




Department of State - Business Services Division

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 104304		2. Exact name of the Corporation Christie's Enterprises, Inc.			
3. Principal Office Address 377 Atwells Avenue			City Providence	State RI	Zip 02909
4. NAICS Code 454110		6. Brief description of the character of business conducted in Rhode Island retail sales of merchandise			
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 Lisa J. Christie			Vice-President Name David R. Christie		
Street Address 377 Atwells Avenue			Street Address 377 Atwells Avenue		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Taylor A. Christie			Treasurer Name Alex A. Christie		
Street Address 377 Atwells Avenue			Street Address 377 Atwells Avenue		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name none			Director Name none		
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
		200		common	none
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. <i>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.</i>					
Name of Authorized Representative Lisa J. Christie				Date 1/25/2018	
Signature of Authorized Representative 				FILED <i>or</i>	

JAN 29 2018

BY 17853