State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JAN 3 1 2018

Annual Report for the year: 2018 Corporation

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

| -> Penalty: Additional \$2 | 5.00 fee if form is r | not filed by April 1. | | | | 0(| |
|--|--|---------------------------------------|---------------------------------------|-------------------------------|-----------------|---------------------------|--|
| Entity ID Number | Exact name of the Corporation | | | | | | |
| 59997 | Chandle | Chandler Realty, Inc. | | | | | |
| 3. Principal Office Address | ······································ | · · · · · · · · · · · · · · · · · · · | City | | State | Zip | |
| 1155 Park Avenue | | | Cranston | Cranston | | 02910 | |
| 4. NAICS Code | 6. Brief desc | cription of the charac | ter of business | conducted in Rhode | Island | | |
| 531190 | Real Estate | Real Estate | | | | | |
| 5. State of Incorporation | | | | | | | |
| RI | | | | | | | |
| 7. List ALL officers (names a | nd addratene) | | | Chao | k the hey to i | ndicate an attachment | |
| President Name Brian J. Keo | | | Vice-Presiden | nt Name | N UTO DOX TO E | nuicate an attachment L | |
| | Vice-President Name Peter E. Kilkenny | | | | | | |
| Street Address 88 Austin Mea | Street Address 142 Kimberly Lane | | | | | | |
| City North Kingstown | State RI | Zip 02852 | City West Warwick | | State RI | ^{Z]p} 02893 | |
| Secretary Name Patricia Keough | | | Treasurer Name Brian J. Keough | | | | |
| Street Address 88 Austin Meadows Lane | | | Street Address 88 Austin Meadows Lane | | | | |
| City North Kingstown | State RI | ^{Zip} 02852 | City North Kingstown | | State RI | Zip 02852 | |
| 8. List ALL directors (names | and addresses) | | | Chec | k the box to in | ndicate an attachment | |
| Director Name Brian J. Keou | | | Director Name | Peter E. Kilkenny | | | |
| Street Address 88 Austin Mea | idows Lane | | Street Address | ³ 142 Kimberly Lan | 8 | | |
| North Kingstown | State RI | Zip 02862 | City West Warwick | | State RI | Zip 02893 | |
| Director Name Patricia Keough | | | Director Name Lynn M. Klikenny | | | | |
| Street Address 88 Austin Mea | idows Lane | | Street Addres: | s 142 Kimberly Lan | 0 | | |
| North Kingstown | State RI | ^{Zip} 02852 | City West W | | State RI | Zip 02893 | |
| 9. Shares Authorized | | 10. Shares Iss | neq | Check | the box to in | ndicate an attachment | |
| This information is currently of record in the | | NUMBER OF | | | | | |
| Department of State. Changes require an additional filing. | | 400 | | common | no par | | |
| | | | | | | | |
| 11. This report must be execu | ited on behalf of the | corporation by an a | uthorized repres | sentative. If the com- | oration is in t | he hands of a receiver or | |
| rustee, this report must be ex | xecuted on behalf of | f the corporation by t | he receiver or tr | rustee. | | | |
| Under penalty of perjury, I (| declare and affirm | that I have examine | d this report, i | ncluding any accor | mpanying so | hedules and | |
| statements, and that all sta Name of Authorized Represe | <u>tements contained</u> otative | i norein are true ani | d correct. | | Data | <u></u> | |
| Brian J. Keough | - Induve | | FILED | | Ot /18/19 | | |
| Signature of Authorized Repr | ee mative | 0101100 | | | | | |
| ~ / \ | | ୍ ଅନ୍ତମ ଧଠା | CUMENT HERE | 3 1 2018 | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

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