



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 <b>000150078</b>		2. Exact name of the Corporation <b>CHIMERA INC.</b>				
3. Principal Office Address <b>122 NORTH RIVER DR</b>			City <b>NARRAGANSETT</b>	State <b>RI</b>	Zip <b>02882</b>	
4. NAICS Code <b>531110</b>		6. Brief description of the character of business conducted in Rhode Island <b>R.E. MGMT. real estate management</b>				
5. State of Incorporation <b>RI</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>ANTONIO SALVATORE</b>			Vice-President Name			
Street Address <b>122 NORTH RIVER DR</b>			Street Address			
City <b>NARRAGANSETT</b>	State <b>RI</b>	Zip <b>02882</b>	City	State	Zip	
Secretary Name			Treasurer Name <b>MARGUERITE SALVATORE</b>			
Street Address			Street Address <b>SAME</b>			
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			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 <b>1000</b>		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		
		<b>NONE</b>	<b>COMMON</b>	<b>0</b>		
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 <b>MARGUERITE M. SALVATORE</b>				Date <b>2-25-18</b>		
Signature of Authorized Representative 				<b>FILED</b>		
				<b>MAR 01 2018</b>		

MAIL TO:  
 Division of Business Services  
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