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.

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2018 MAR 22 P 12:10
SECRETARY OF STATE
CORPORATIONS

1. Entity ID Number	2. Exact name of the Corporation
000069714	Chestnut Properties, Inc.

3. Principal Office Address	City	State	Zip
39 Nooseneck Hill Rd.	West Greenwich	RI	02817

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	Real Estate Business. Titles: 7-1.1-51
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Michael C. Kent	Lois Marala
Street Address: 39 Nooseneck Hill Rd.	Street Address: 39 Nooseneck Hill Rd.
City: West Greenwich; State: RI; Zip: 02817	City: West Greenwich; State: RI 02817; 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 ☐

Director Name	Director Name
Michael C. Kent	Lios Marala
Street Address: 39 Nooseneck Hill Rd.	Street Address: 39 Nooseneck Hill Rd.
City: West Greenwich; State: RI; Zip: 02817	City: West Greenwich; State: RI; Zip: 02817
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	800	CNP	$00.00

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	Date
Michael C. Kent	3/15/18

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
MAR 22 2018
BY KL 370594
10:10

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017