



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATION  
2018 MAR 22 PM 12:12

1. Entity ID Number <b>000069714</b>		2. Exact name of the Corporation <b>Chestnut Properties, Inc.</b>			
3. Principal Office Address <b>39 Nooseneck Hill Rd.</b>		City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	
4. NAICS Code <b>531390</b>	6. Brief description of the character of business conducted in Rhode Island <b>Real Estate Business.</b> <b>Titles: 7-1.1-51</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael C. Kent</b>			Vice-President Name <b>Lois Marala</b>		
Street Address <b>39 Nooseneck Hill Rd.</b>			Street Address <b>39 Nooseneck Hill Rd.</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Michael C. Kent</b>			Director Name <b>Lois Marala</b>		
Street Address <b>39 Nooseneck Hill Rd.</b>			Street Address <b>39 Nooseneck Hill Rd.</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>800</b>		<b>CNP</b>		<b>\$00.00</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>Michael C. Kent</b>				Date <b>3/15/18</b>	
Signature of Authorized Representative 				<b>FILED</b>	
SIGN DOCUMENT HERE <b>MAR 22 2018</b>					

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

BY **KL 327059**

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