



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.

FILED

MAR 30 2018

BY

327855

1. Entity ID Number 303415		2. Exact name of the Corporation CHECE CONTRACTING INC.			
3. Principal Office Address 190 TWIN RIVER ROAD		City LINCOLN		State RI	Zip 02865
4. NAICS Code 212321		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PATRICK CHECE			Vice-President Name		
Street Address 190 TWIN RIVER ROAD			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name PATRICK CHECE			Treasurer Name		
Street Address 190 TWIN RIVER ROAD			Street Address		
City LINCOLN	State RI	Zip 02865	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 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.			10. Shares Issued		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 NPV		
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 PATRICK CHECE					Date 03/30/2018
Signature of Authorized Representative <i>Patrick Chece</i> SIGN DOCUMENT HERE					

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