



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV.
 2018 MAY -3 PM 3:18

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 70407		2. Exact name of the Corporation Charland Enterprises Inc.			
3. Principal Office Address P O BOX 2252		City Pawtucket	State RI	Zip 02861	
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island plumbing, heating, A/C, oil deliveries, sales & service, home inspections, general contractor, Asbestos abatements drain cleaning				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name J. M. Norton		Vice-President Name Shawn Marie Norton			
Street Address 28 Francis Ave		Street Address 28 Francis Ave			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Shawn Marie Norton		Treasurer Name J. M. Norton			
Street Address 28 Francis Ave		Street Address 28 Francis Ave			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None		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		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	
		11,000	STK	0.00	
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 Shawn Marie Norton				Date 5-3-18	
Signature of Authorized Representative Shawn Marie Norton				FILED	

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

MAY 03 2018
 BY **329946**