



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  
CORPORATIONS DIV  
2018 SEP 10 PM 12:43

1 Entity ID Number <b>000485469</b>		2 Exact name of the Corporation <b>CHD Maintenance Corp</b>										
3 Principal Office Address <b>P.O.Box 563, West Side Road</b>		City <b>Block Island</b>	State <b>RI</b>									
		Zip <b>02807</b>										
4 NAICS Code <b>238320</b>	6 Brief description of the character of business conducted in Rhode Island <b>Painting and Maintenance.</b>											
5 State of Incorporation <b>DE</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>Charles H. Douglas</b>		Vice-President Name										
Street Address <b>P.O.Box 563, West Side Road</b>		Street Address										
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>										
Secretary Name		Treasurer Name										
Street Address		Street Address										
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>Charles H. Douglas</b>		Director Name										
Street Address <b>P.O.Box 563, West Side Road</b>		Street Address										
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>										
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
9 Shares Authorized		10 Shares Issued <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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td><b>Class A</b></td> <td><b>\$11.33</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>Class A</b>	<b>\$11.33</b>			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
<b>100</b>	<b>Class A</b>	<b>\$11.33</b>										
Changes require an additional filing.												
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>Elliot Taubman</b>		Date <b>9/6/2018</b>										
Signature of Authorized Representative <i>Elliot Taubman</i>												

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

SEP 10 2018

BY **Y046F**  
A.A. 12:43pm.