



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2017

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 2:4

1 Entity ID Number 000485469		2 Exact name of the Corporation CHD Maintenance Corp										
3 Principal Office Address P.O.Box 563, West Side Road		City Block Island	State RI									
		Zip 02807										
4 NAICS Code 238320	6 Brief description of the character of business conducted in Rhode Island Painting and Maintenance.											
5 State of Incorporation DE												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name Charles H. Douglas		Vice-President Name										
Street Address P.O.Box 563, West Side Road		Street Address										
City Block Island	State RI	City	State									
Zip 02807		Zip										
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
8 List ALL directors (names and addresses) Check the box to indicate an attachment ☐												
Director Name Charles H. Douglas		Director Name										
Street Address P.O.Box 563, West Side Road		Street Address										
City Block Island	State RI	City	State									
Zip 02807		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
9 Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10 Shares Issued Check the box to indicate an attachment ☐										
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/PER ES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Class A</td> <td>\$11.33</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/PER ES	PAR VALUE	100	Class A	\$11.33			
NUMBER OF SHARES	CLASS/PER ES	PAR VALUE										
100	Class A	\$11.33										
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 Elliot Taubman		Date 9/6/2018										
Signature of Authorized Representative <i>Elliot Taubman</i>												

 SIGNED **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 **YQ46F**

A.A. 12:42pm.