State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATION DIV.
2018 SEP 10 PM 2:14

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

1 Entity ID Number	2 Exact name of the Corporation
000485469	CHD Maintenance Corp

3 Principal Office Address	City	State	Zip
P.O.Box 563, West Side Road	Block Island	RI	02807

4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island
238320	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, Zip: 02807	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	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, Zip: 02807	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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 ☐

NUMBER OF SHARES	CLASS/SERIES	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	Date
Elliot Taubman	9/6/2018

Signature of Authorized Representative: Elliot Taubman

FILED

SEP 10 2018

BY YQ46F

A.A. 12:42 p.m.

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