RI SOS Filing Number: 201984096340 Date: 1/9/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

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		
42726	Christopher Construction Corporation		
3. Principal Office Address: 40 Toppa Blvd	City: Newport	State: R.I.	Zip: 02840
4. NAICS Code: 236115	6. Brief description of the character of business conducted in Rhode Island: Residential Construction & Remodeling		
5. State of Incorporation: R.I.			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Christopher S. Christopher			Vice-President Name: None		
Street Address: 40 Toppa Blvd			Street Address:		
City: Newport	State: R.I	Zip: 02840	City:	State:	Zip:
Secretary Name: None			Treasurer Name: None		
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: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: None			Director Name: None		
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	Common	No Par Value

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
Christopher S. Christopher	7 Jan 19

Signature of Authorized Representative: Christopher S. Christopher SIGN DOCUMENT HERE

FILED
JAN 09 2019
BY 4905

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