



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 000045511		2. Exact name of the Corporation THE CHEMICAL COMPANY	
3. Principal Office Address 44 SOUTHWEST AVENUE, P.O. BOX 436		City JAMESTOWN	State RI
		Zip 02835	
4. NAICS Code 325998	6. Brief description of the character of business conducted in Rhode Island TO MANUFACTURE, PRODUCE, PURCHASE OR OTHERWISE ACQUIRE, AND TO DEAL IN OR OTHERWISE DISPOSE OF CHEMICALS OF EVERY DESCRIPTION.		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ROBERT N. ROACH, III		XXXXXX President Name ROBERT N. ROACH, JR.	
Street Address 64 GREEN LANE		Street Address 790 IVES ROAD	
City JAMESTOWN	State RI	City WARWICK	State RI
Zip 02835		Zip 02818	
Secretary Name ELIZABETH ANN ROACH		Treasurer Name FRANCES H. GAMMELL-ROACH	
Street Address 670 IVES ROAD		Street Address 790 IVES ROAD	
City WARWICK	State RI	City WARWICK	State RI
Zip 02818		Zip 02818	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		3	VOT. COMMON NO PAR VALUE
		212.15	NONVOT.COMM 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. <i>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.</i>			
Name of Authorized Representative ROBERT N. ROACH, III, PRESIDENT		Date 01/16/19	
Signature of Authorized Representative		SIGN DOCUMENT HERE FILED 02	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 28 2019

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FORM 630 - Revised: 10/2017