

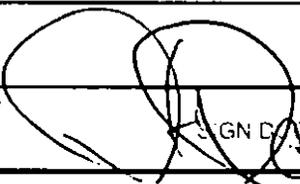


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
 Corporation

5

- 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 ROBERT N. ROACH, JR.		
Street Address 64 GREEN LANE			Street Address 790 IVES ROAD		
City JAMESTOWN	State RI	Zip 02835	City WARWICK	State RI	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	Zip 02818	City WARWICK	State RI	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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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.					
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 ROBERT N. ROACH, III, PRESIDENT					Date 01/16/19
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
JAN 28 2019

RY 14037