



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.

FILED
STAMP

MAR 01 2019

BY

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1. Entity ID Number 303415		2. Exact name of the Corporation CHECE CONTRACTING INC.			
3. Principal Office Address 190 TWIN RIVER ROAD			City LINCOLN	State RI	Zip 02865
4. NAICS Code 212321		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name PATRICK CHECE			Vice-President Name		
Street Address 190 TWIN RIVER ROAD			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name PATRICK CHECE			Treasurer Name		
Street Address 190 TWIN RIVER ROAD			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		100		NPV	
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 PATRICK CHECE				Date 03/01/2019	
Signature of Authorized Representative <i>Patrick Chece</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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