


 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

BY _____

1. Corporate ID No 000788311		2. Name of Corporation Challenge Holdings, Inc.			
3. Street Address Principal Business Office 177 Georgia Avenue			City Providence	State RI	Zip 02905
4. NAICS Code 531312		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Equity Holding Company					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael W. McAllister			Vice President Name		
Street Address 177 Georgia Avenue			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Christian Gorino			Treasurer Name Garth Troxell		
Street Address 177 Georgia Avenue			Street Address 177 Georgia Avenue		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class Series	Par Value
			100 common shares \$.01 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 and any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature

Michael W. McAllister

Print or Type Name

President

Title

BY

JUL 19 2019

Date

3/11/19