



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

FILED

FEB 10 2020

BY 16839

Annual Report for the year: 2020
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 64475		2. Exact name of the Corporation Challenge Electronics, inc.			
3. Principal Office Address 900 Waterman Avenue		City East Providence		State RI	Zip 02914
4. NAICS Code 443142		6. Brief description of the character of business conducted in Rhode Island Sales and service of marine electronic equipment and communications systems and equipment.			
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 Ronald A. Hopkins			Vice-President Name None		
Street Address 900 Waterman Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Norman Jay Bolotow			Treasurer Name Ronald A. Hopkins		
Street Address 245 Waterman Street, Suite 401			Street Address 900 Waterman Avenue		
City Providence	State RI	Zip 02906	City East Providence	State RI	Zip 02914
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
			200		Common
			PAR VALUE		No Par
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 Ronald A. Hopkins					Date 1/31/20
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov