

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT OF STATE
BUS SVCS DIV

2020 FEB 25 A II: 28

Annual Report for the year:

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	2. Exact nam	2. Exact name of the Corporation					
42726	Chris	Christopher Construction Corport City Newport RI 02840					
3. Principal Office Address	0		City	-2	State	Zip	
40 Toppa Blu	'd		Neu	NOON	Rita	Zip 02840	
4. NAICS Code		ription of the characte	r of business c	conducted in Rhod	e Island	**************************************	
236118		ential Co.	notour	ting i D	amadal	100	
5. State of Incorporation	- Kesid	enlial Co.	(13 17 DZ)	1/01/7- 1	e.m.() 2/(2/)		
R.I							
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Christopher S. Christopher			Vice-President Name				
			Street Address				
40 TORDA BIVA			550073000				
City Newport	State	Zip 02840	City		State	Zip	
Secretary Name	None			Treasurer Name None			
Street Address			Street Address	s			
City	State	Zip	City		State	Zip	
8. List ALL directors (names and	addresses)	· · · · · · · · · · · · · · · · · · ·			ck the box to indi	cate an attachment 🔲	
Director Name // () //) /-			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name // Drile_				
Street Address			Street Address				
City	State	Zip	City	<u></u>	State	Zip	
9. Shares Authorized		10. Shares Issue	I .	Che	ck the box to indi	cate an attachment	
This information is currently of record in the		NUMBER OF S		CLASS/SERIES PAR VALUE			
Department of State.		/00		Comm	inn	Vo Par Value	
Changes require an additional filin	ıg.			0.000,00	,	7 0 / 2 4	
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							
Chy/stopher 5. Chy/stopher Signature of Authorized Representative							
FILED FILED							
12-4 11/1/ 1-1							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB **2 5** 2020

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FORM 639 - Revised: 10/2017