



State of Rhode Island

Department of State - Business Services Division

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 000003971		2. Exact name of the Corporation Champion Realty Corporation			
3. Principal Office Address 1525 Old Louisquisset Pike, B205			City Lincoln	State RI	Zip 02865
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate Holding			
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 Jeffrey M. Watts			Vice-President Name Joseph Cardente		
Street Address 1525 Old Louisquisset Pike, B205			Street Address 1525 Old Louisquisset Pike, B205		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Jeffrey M. Watts			Treasurer Name Joseph Cardente		
Street Address as above			Street Address as above		
City	State	Zip	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.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES CNP	PAR VALUE \$0.00	
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 Jeffrey M. Watts, President					Date 09/29/2020
Signature of Authorized Representative <i>Jeffrey M. Watts</i>					FILED

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

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