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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 16 2021

BY 4880

Annual Report for the year: 2021

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 name of the Corporation
108878	Chamy Corporation

3. Principal Office Address	City	State	Zip
110 Railroad Avenue	Saunderstown	RI	02874

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531110	To construct, purchase, lease, maintain and operate commercial business property or properties.
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Kim F. Maine			Vice-President Name: Kim F. Maine		
Street Address: 110 Railroad Avenue			Street Address: 110 Railroad Avenue		
City: Sauderstown	State: RI	Zip: 02874	City: Sauderstown	State: RI	Zip: 02874
Secretary Name: Kim F. Maine			Treasurer Name: Kim F. Maine		
Street Address: 110 Railroad Avenue			Street Address: 110 Railroad Avenue		
City: Sauderstown	State: RI	Zip: 02874	City: Sauderstown	State: RI	Zip: 02874

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Kim F. Maine			Director Name		
Street Address: 110 Railroad Avenue			Street Address		
City: Saunderstown	State: RI	Zip: 02874	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	200	Common	No 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, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Kim F. Maine, President	1/29/2021

Signature of Authorized Representative: Kim F Maine SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017