



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

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.

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 BUS SVCS DIV

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1. Entity ID Number 69491		2. Exact name of the Corporation Chapel Building Corporation			
3. Principal Office Address 33 Veterans Memorial Parkway			City East Providence	State RI	Zip 02914
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island TO DEAL IN REAL ESTATE, PERSONALTY, AND CONSTRUCTION OF EVERY NATURE.			
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 Joseph Dias			Vice-President Name Jane Dias		
Street Address 12 Chapel Road			Street Address 12 Chapel Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Jane Dias			Treasurer Name Joseph Dias		
Street Address 12 Chapel Road			Street Address 12 Chapel Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph Dias			Director Name Jane Dias		
Street Address 12 Chapel Road			Street Address 12 Chapel Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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	CLASSIFICATION	PAR VALUE
			1,000	CNP	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 Joseph Dias					Date 3-10-2021
Signature of Authorized Representative SIGN DOCUMENT HERE PRESIDENT FILED					

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

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