



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021  
Corporation

**FILED**

MAR 30 2021

BY [Signature]

- 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<br><u>000150078</u>  |                    | 2. Exact name of the Corporation<br><u>Chimera Inc.</u>   |   |                          |                     |
| 3. Principal Office Address<br><u>122 North River Dr</u>   |                    |   | City<br><u>Narragansett</u>                   | State<br><u>RI</u>       | Zip<br><u>02882</u> |
| 4. NAICS Code<br><u>531311</u>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><u>Re mgmt</u>                         |   |                          |                     |
| 5. State of Incorporation<br><u>RI</u>   |                    |   |   |                          |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                          |                     |
| President Name<br><u>Antonio Salvatore</u>   |                    |   | Vice-President Name                           |                          |                     |
| Street Address<br><u>122 North River Dr</u>  |                    |   | Street Address                                |                          |                     |
| City<br><u>Narragansett</u>  | State<br><u>RI</u> | Zip<br><u>02882</u>   | City  | State                    | Zip                 |
| Secretary Name   |                    |   | Treasurer Name<br><u>Marguerite Salvatore</u> |                          |                     |
| Street Address   |                    |   | Street Address<br><u>Same</u>                 |                          |                     |
| City   | State              | Zip   | City  | State                    | Zip                 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                          |                     |
| 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 <u>1000</u>   |                    | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |   |                          |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    | NUMBER OF SHARES  |   | CLASS/SERIES             |                     |
|  |                    | <u>None</u>   |   | <u>Common</u>            |                     |
|  |                    |   |   | <u>0</u>                 |                     |
| 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.<br><u>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.</u> |                    |   |   |                          |                     |
| Name of Authorized Representative<br><u>MARGUERITE SALVATORE</u>   |                    |   |   | Date<br><u>3-26-2021</u> |                     |
| Signature of Authorized Representative<br><u>[Signature]</u>   |                    |   |   |                          |                     |