

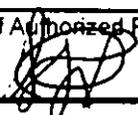


State of Rhode Island
Department of State - Business Services Division

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.

FILED
 MAY 21 2021
 BY 1064 OS

| | | | | | |
|--|-----------------|--|--|--------------------|------------------|
| 1. Entity ID Number 000570151 | | 2. Exact name of the Corporation Chiqui Realty INC | | | |
| 3. Principal Office Address 601 LONSDALE AVE | | | City CENTRAL FALLS | State RI | Zip 02863 |
| 4. NAICS Code 531110 | | 6. Brief description of the character of business conducted in Rhode Island REAL ESTATE | | | |
| 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 SONNY POLANCO | | | Vice-President Name KIMBERLY POLANCO | | |
| Street Address 1626 MENDON ROAD | | | Street Address 1363 SMITH STREET APTO 401 | | |
| City CUMBERLAND | State RI | Zip 02864 | City NORTH PROVIDENCE | State RI | Zip 02911 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| 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 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 | | CLASS/SERIES | PAR VALUE |
| | | 1000 | STK | 0.001 | |
| 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. <i>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.</i> | | | | | |
| Name of Authorized Representative SONNY POLANCO | | | | Date 04/16/2021 | |
| Signature of Authorized Representative  | | | | | |