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.

STAMP

FOR SECRETARY OF STATE USE ONLY

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAY 21 A 9:24

1. Entity ID Number	2. Exact name of the Corporation			
001019761	Charles Services and Equipment Corp.			
3. Principal Office Address		City	State	Zip
101-7 Clematis Avenue		Waltham	MA	02453
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
23 7990	To provide labor services and equipment rentals to contractors.			
5. State of Incorporation				
MA				

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

President Name			Vice-President Name		
Charles J. Albanese					
Street Address			Street Address		
101-7 Clematis Avenue					
City / State / Zip			City / State / Zip		
Waltham	MA	02453			
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 ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
275,000		0

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
Christine Christopher	5/14/21

Signature of Authorized Representative: C. Christopher

FILED
MAY 21 2021
BY 9:24

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: 08/2020