



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2020**

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

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R.I. DEPT. OF STATE
BUS SVCS DIV

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001019761		2. Exact name of the Corporation Charles Services and Equipment Corp.		2021 MAY 21 A 9 24	
3. Principal Office Address 101-7 Clematis Avenue			City Waltham	State MA	Zip 02453
4. NAICS Code 23 7990		6. Brief description of the character of business conducted in Rhode Island 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 Charles J. Albanese			Vice-President Name		
Street Address 101-7 Clematis Avenue			Street Address		
City Waltham	State MA	Zip 02453	City	State	Zip
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		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	
		275,000		0	
Changes require an additional filing.					
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 Christine Christopher				Date 5/14/21	
Signature of Authorized Representative 					

FILED

MAY 21 2021

BY

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