RI SOS Filing Number: 202198174730 Date: 6/11/2021 4:00:00 PM

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(W)

State of Rhode Island

## **Department of State - Business Services Division**

**FILED** 

Annual	Report	for	the	year:	2021
Camar					

Corporation —→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.	.00 fee if form is no	ot filed by April 1.			BY				
1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation							
000117126		Gordon H. Chandler Roofing & Consulting, Inc.							
3. Principal Office Address			City		State	Zip			
122 Lydia Ann Road			Smithfield	Smithfield		02917			
4. NAICS Code	6. Brief descr	iption of the charac	der of business o	onducted in Rhode Is	sland				
238160	To engage	To engage in roofing and renovation of residential and commercial real estate properties and to							
5. State of Incorporation		provide construction consulting services.							
Rhode Island									
7. List ALL officers (names and	d addresses)				the box to in	ndicate an attachment			
President Name Gordon H. Ch	handler		Vice-President	Vice-President Name N/A					
Street Address 10 A Pheasan	Street Address	Street Address							
<sup>City</sup> Smithfield	State RI	<sup>Zip</sup> 02917	City		State	Zip			
Secretary Name N/A	Secretary Name N/A			Treasurer Name N/A					
Street Address			Street Address	Street Address					
City	State	Zip	City		State	Zip			
8. List ALL directors (names a	ind addresses)		<del></del>	Check	the box to i	indicate an attachment			
Director Name Gordon H. Cha	andler		Director Name						
Street Address 10 A Pheasan	it Run		Street Address	}					
<sup>City</sup> Smithfield	State RI	<sup>Zip</sup> 02917	City		State	Zip			
Director Name	Director Name			Director Name					
Street Address			Street Address	Street Address					
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Iss				indicate an attachment			
This information is currently of Department of State.	record in the	NUMBER O	IF SHARES	CLASS/SERIES		PAR VALUE			
Changes require an additional filing.		100		Common		No Par			
		ļ							
11. This report must be execut trustee, this report must be ex					ration is in t	the hands of a receiver or			
Under penalty of perjury, I d	declare and affirm t	that I have examin	ned this report, li		npanying s	chedules and			
statements, and that all stat Name of Authorized Represen		herein are true ar	nd correct.		Date				
Gordon H. Chandler		6/5/2021							
Signature of Authorized Repre	asentative /				<del></del>				
Ha Yu Cha	alles								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov