RI SOS Filing Number: 202211031510 Date: 2/15/2022 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

FEB 15 2022
BY MJ DS

1. Entity ID Number	2. Exact name of the Corporation			
146618	CHARLEY'S PLACE, INC.			
3. Principal Office Address		City	State	Zip
296 Fairmount Street		Woonsocket	RI	02895
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722410	the operation of a drinking establishment and all other lawful business related thereto			
5. State of Incorporation				
Rhode Island				

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

President Name: Charles E. DiChiaro Sr.			Vice-President Name: None		
Street Address: 296 Fairmount Street			Street Address:		
City: Woonsocket	State: RI	Zip: 02895	City:	State:	Zip:
Secretary Name: Charles E. DiChiaro Sr.			Treasurer Name: Charles E. DiChiaro Sr.		
Street Address: 296 Fairmount Street			Street Address: 296 Fairmount Street		
City: Woonsocket	State: RI	Zip: 02895	City: Woonsocket	State: RI	Zip: 02895

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

Director Name: None			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
1000	common	$1.00

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: Charles E. DiChiaro Sr.

Date: 2/4/22

Signature of Authorized Representative: Charles E. DiChiaro Sr.

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: 11/2021