



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

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**Annual Report for the year:** 2023  
**Corporation**

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

1. Entity ID Number <b>1673582</b>		2. Exact name of the Corporation <b>CH REALTY, INC.</b>			
3. Principal Office Address <b>346 ARMISTICE BLVD</b>		City <b>PAWTUCKET</b>		State <b>RI</b>	Zip <b>02861</b>
4. NAICS Code <b>531120</b>		6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE RENTALS &amp; INVESTMENTS</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>NAWEE HENG</b>			Vice-President Name <b>NAWEE HENG</b>		
Street Address <b>194 BURNSIDE AVE</b>			Street Address <b>SAME</b>		
City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>	City	State	Zip
Secretary Name <b>NAWEE HENG</b>			Treasurer Name <b>NAWEE HENG</b>		
Street Address <b>SAME</b>			Street Address <b>SAME</b>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS OF SHARES	PAR VALUE
			100	COMMON	NO PAR
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.					
<b>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.</b>					
Name of Authorized Representative <b>NAWEE HENG, PRESIDENT</b>				Date <b>01-16-23</b>	
Signature of Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov