



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2022**


Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
DEPT. OF STATE
2023 FEB 17 A 9:38

1. Entity ID Number 001679422		2. Exact name of the Corporation Charter Financial Group, Inc.			
3. Principal Office Address 275 West Natick Rd		City Warwick		State RI	Zip 02886
4. NAICS Code 524210	6. Brief description of the character of business conducted in Rhode Island Market and sell insurance products				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark Medeiros			Vice-President Name N/A		
Street Address 35 Allen Avenue			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		6000		CWP	\$0.0010
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 Mark Medeiros				Date 2/14/2023	
Signature of Authorized Representative 				FILED FEB 17 2023 EYAAE A.A. 9:40 AM	

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