



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

**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.

**FILED**  
 STAMP  
 MAR 09 2023  
 BY 5107  
KJ

1. Entity ID Number <b>108878</b>		2. Exact name of the Corporation <b>CHAMY CORPORATION</b>					
3. Principal Office Address <b>110 Railroad Avenue</b>			City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>		
4. NAICS Code <b>531110</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO CONSTRUCT, PURCHASE, LEASE, MAINTAIN AND OPERATE COMMERCIAL BUSINESS PROPERTY OR PROPERTIES.</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>Kim F. Maine</b>			Vice-President Name <b>Kim F. Maine</b>				
Street Address <b>110 Railroad Avenue</b>			Street Address <b>110 Railroad Avenue</b>				
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>		
Secretary Name <b>Kim F. Maine</b>			Treasurer Name <b>Kim F. Maine</b>				
Street Address <b>110 Railroad Avenue</b>			Street Address <b>110 Railroad Avenue</b>				
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name <b>Kim F. Maine</b>			Director Name				
Street Address <b>110 Railroad Avenue</b>			Street Address				
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized <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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		<b>200</b>		<b>Common</b>		<b>No Par Value</b>	
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>Kim F. Maine, President</b>				Date <b>2-27-2023</b>			
Signature of Authorized Representative <i>Kim F. Maine</i>							

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