



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

Annual Report for the year: 2023
Corporation

MAY 22 2023
7001 *R*

- 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 44535		2. Exact name of the Corporation Chabot Associates Inc.			
3. Principal Office Address 10 King Phillip Cir			City North Kingstown	State RI	Zip 02852
4. NAICS Code 236117		6. Brief description of the character of business conducted in Rhode Island Construction/Remodeling			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Joseph J. Chabot			Vice-President Name NA		
Street Address 10 King Phillip Circle			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Sheryl A. Chabot			Treasurer Name NA		
Street Address 10 King Phillip Circle			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name NA			Director Name NA		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NA			Director Name NA		
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	
		0	0	PAR VALUE	
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 Joseph J. Chabot				Date 5/5/2023	
Signature of Authorized Representative <i>Joseph J. Chabot</i>					