



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 NOV 15 P 3:35

Annual Report for the year: 2023
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000151143		2. Exact name of the Corporation Christopher Corp.			
3. Principal Office Address 555 Thames Street			City Newport	State RI	Zip 02840
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Boating & recreation			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Helen Dolan			Vice-President Name Kathleen Dolan		
Street Address 330 Cove Neck Road			Street Address 94B Bowman Road		
City Cove Neck	State NY	Zip 11771	City Barnard	State VT	Zip 05031
Secretary Name NONE			Treasurer Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kevin Golden			Director Name NONE		
Street Address 2 Penn Plaza, KGL 15th Floor			Street Address NONE		
City New York	State NY	Zip 10121	City NONE	State NONE	Zip NONE
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
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
		0		CWP	0.01
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 Kevin Golden					Date 09/28/23
Signature of Authorized Representative <i>Kevin Golden</i>					

FILED

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

NOV 15 2023
 BY *JFHwa*
 AA. 3:36pm.