



State of Rhode Island
Department of State - Business Services Division

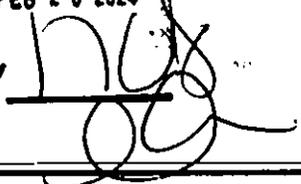
Annual Report for the year: 2024

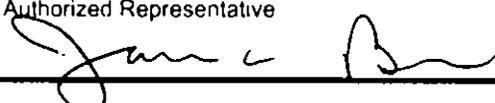
Corporation

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

FILED

FEB 20 2024

BY 

1. Entity ID Number 000020066		2. Exact name of the Corporation One Fifty Main, Inc.			
3. Principal Office Address 150 Main Street		City Pawtucket		State RI	Zip 02860
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island Owning and dealing in real estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name Allen H Chatterton III		Vice-President Name James A. Briden			
Street Address 99 Jay Street		Street Address 17 Hollow Ridge Road			
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Secretary Name		Treasurer Name			
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 Allen Chatterton III		Director Name James A. Briden			
Street Address 99 Jay Street		Street Address 17 Hollow Ridge Road			
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Director Name Stephen V Puleston		Director Name			
Street Address 76 Plantation Drive		Street Address			
City Saunderstown	State RI	Zip 02874	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
		600		CNP	\$0.0
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 James A. Briden				Date 02/08/2024	
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

IO 20066

One Fifty Main Street
150 Main Street
Pawtucket, RI 02860

Vice President:
Stephen V Puleston
76 Plantation Drive
Saunderstown, RI 02874

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