



**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
APR 28 2024
BY 14125

1. Entity ID Number 001733614		2. Exact name of the Corporation CHAIKA & CHAIKA, P.C.			
3. Principal Office Address 107 Warwick Avenue, 2nd Fl			City Cranston	State RI	Zip 02905
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Law Office			
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 Daniel E. Chaika			Vice-President Name		
Street Address 107 Warwick Avenue, 2nd Floor			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Secretary Name Daniel E. Chaika			Treasurer Name Daniel E. Chaika		
Street Address 107 Warwick Avenue, 2nd Floor			Street Address 107 Warwick Avenue, 2nd Floor		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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	
		100		No 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 Daniel E. Chaika, President				Date 4-18-24	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 722-3040
Website: www.sos.ri.gov