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25 JAN 30 AM 10:29:59State of Rhode Island
Department of State - Business Services DivisionAnnual 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.

1. Entity ID Number 00170259Z		2. Exact name of the Corporation Chesca Inc			
3. Principal Office Address 4552 Post RD			City East Greenwich	State RI	Zip 02818
4. NAICS Code 445120		6. Brief description of the character of business conducted in Rhode Island Convenience Store & Gas			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Francesca Gaudian			Vice-President Name		
Street Address 4552 Post RD			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
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			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.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
Changes require an additional filing.		1.00		0.0100	
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 Francesca Gaudian				Date 1/30/25	
Signature of Authorized Representative 					

FILED 11:30

MAIL TO:

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

JAN 30 2025

BY TNX04

FORM 630- Revised 12/2023