



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

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

REC'D RIDOS BSD
25 APR 28 PM 1:54:17

1. Entity ID Number <u>000070407</u>		2. Exact name of the Corporation <u>Charland Enterprises</u>			
3. Principal Office Address <u>28 Francis Ave</u>		City <u>Pawtucket</u>		State <u>RI</u>	Zip <u>02860</u>
4. NAICS Code <u>238220</u>		6. Brief description of the character of business conducted in Rhode Island <u>Plumbing, heating, A/C, sales & service, general contractor, asbestos abatement, drain cleaning & home inspection</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>J. M. Norton</u>			Vice-President Name <u>Shawn Marie Norton</u>		
Street Address <u>28 Francis Ave</u>			Street Address <u>28 Francis Ave</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
Secretary Name <u>Jay F. Norton</u>			Treasurer Name <u>J. M. Norton</u>		
Street Address <u>28 Francis Ave</u>			Street Address <u>28 Francis Ave</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES <u>1,000</u>		CLASS/SERIES <u>STK</u>		PAR VALUE <u>0.00</u>	
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 <u>Shawn Marie Norton</u>					Date <u>4-28-25</u>
Signature of Authorized Representative <u>Shawn Marie Norton</u>					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

FILED APR 28 2025
BY 7525
FORM 630- Revised 2023