

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

Annual Report for the year: 2019
 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 000053025		2. Exact name of the Corporation C. H. A. HOLDING COMPANY	
3. Principal Office Address 11 NORTH DAVIS STREET		City PROVIDENCE	State RI
		Zip 02908	
4. NAICS Code 531120	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDING COMPANY		
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 ALLAN D. GOLDBERG		Vice-President Name NONE	
Street Address 174 BOYLSTON DRIVE		Street Address	
City CRANSTON	State RI	Zip 02920	
Secretary Name ALLAN D. GOLDBERG		Treasurer Name ALLAN D. GOLDBERG	
Street Address 174 BOYLSTON DRIVE		Street Address 174 BOYLSTON DRIVE	
City CRANSTON	State RI	Zip 02920	City CRANSTON
			State RI
			Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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	
		50	COMMON
			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 ALLAN D. GOLDBERG		Date 1/28/19	
Signature of Authorized Representative <i>al goldberg</i>			

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

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JAN 31 2019

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