



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2020  
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 <b>82404</b>		2 Exact name of the Corporation <b>Chesters Inc.</b>			
3 Principal Office Address <b>102 Putnam Pike</b>		City <b>Harmony</b>		State <b>RJ</b>	Zip <b>02829</b>
4 NAICS Code <b>722410</b>		6 Brief description of the character of business conducted in Rhode Island <b>Family Restaurant</b>			
5 State of Incorporation <b>Rhode Island</b>					
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>William J Hamill</b>			Vice-President Name <b>Ann Hamill</b>		
Street Address <b>1836 Putnam Pike</b>			Street Address <b>37 Ide Road</b>		
City <b>Chepachet</b>	State <b>RJ</b>	Zip <b>02814</b>	City <b>Glocester</b>	State <b>RJ</b>	Zip <b>02814</b>
Secretary Name <b>Barbara Hamill</b>			Treasurer Name <b>Patricia Johnson</b>		
Street Address <b>37 Ide Road</b>			Street Address <b>1 Evergreen St</b>		
City <b>Glocester</b>	State <b>RJ</b>	Zip <b>02814</b>	City <b>Chepachet</b>	State <b>RJ</b>	Zip <b>02814</b>
8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASSIFICATIONS	PAR VALUE
		<b>1950</b>		<b>Common</b>	<b>No Value</b>
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. <b>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.</b>					
Name of Authorized Representative					Date
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

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