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2020 MAR 24 A 9:18



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.

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1. Entity ID Number <u>82404</u>		2. Exact name of the Corporation <u>Chesters Inc.</u>			
3. Principal Office Address <u>102 Putnam Pike</u>		City <u>Harmony</u>	State <u>RJ</u>	Zip <u>02829</u>	
4. NAICS Code <u>722410</u>		6. Brief description of the character of business conducted in Rhode Island <u>Family Restaurant</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>William J Hamill</u>			Vice-President Name <u>Ann Hamill</u>		
Street Address <u>1536 Putnam Pike</u>			Street Address <u>37 Ide Road</u>		
City <u>Chepachet</u>		State <u>RJ</u>	Zip <u>02814</u>	City <u>Glocester</u>	
Secretary Name <u>Barbara Hamill</u>		Treasurer Name <u>Patricia Johnson</u>			
Street Address <u>37 Ide Road</u>			Street Address <u>1 Evergreen Street</u>		
City <u>Glocester</u>		State <u>RJ</u>	Zip <u>02814</u>	City <u>Chepachet</u>	
State <u>RJ</u>		Zip <u>02814</u>		State <u>RJ</u>	
Zip <u>02814</u>		City <u>Chepachet</u>		State <u>RJ</u>	
State <u>RJ</u>		Zip <u>02814</u>		City <u>Chepachet</u>	
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		State	
Zip		City		State	
State		Zip		City	
State		Zip		City	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State.			NUMB: H O: SHARES <u>1950</u>	CLASS/SERIES <u>Common</u>	PAR VAL JI <u>No Par Value</u>
Changes require an additional filing.					
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				Date <u>3/30/2020</u>	
Signature of Authorized Representative 					

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

MAR 27 2020
BY Ch RPNSTK 2:48
FORM 630 - Revised: 10/2017