RI SOS Filing Number: 201755465290 Date: 12/29/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

FILED

Annual Report for the year: Corporation

2018

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

	DEC 2 9 2017
RV	29577

1. Entity ID Number	2. Exact name	2. Exact name of the Corporation						
577037	CALLAH	CALLAHAN/HOFFMAN COMPANY, INCORPORATED						
3. Principal Office Address	City		State	Zip				
341 Washington Street			Norwel	1	MA	02061-0000		
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island						
238190	construct	constructing company specializing in commercial building						
5. State of Incorporation								
MA								
7. List ALL officers (names	and addresses)				k the box to indicate	an attachment 🔲		
President Name Garth Hoffman		Vice-President Name Kevin Callahan						
Street Address	<del>-</del>			Street Address				
341 Washington	Street		341 W	341 Washington Street				
City	State	Zip	City	11	State M.A	Zip 02061-		
Norwell Secretary Name	MA	02061-	Treasurer Nan					
Garth Hoffman				Kevin Callahan				
Street Address				Street Address				
341 Washington				341 Washington Street				
City Norwell	State .M.A.	Zip 02061-	City Norwe	11	State MA	Zip 02061-		
8. List ALL directors (name	s and addresses)			Chec	k the box to indicate	e an attachment 🔲		
Director Name		Director Name						
Garth Hoffman			Street Address	Kevin Callahan				
Street Address 341 Washington	Street			341 Washington Street				
City Norwell	State MA	Zip 02061-	City Norwe		State MA	Zip <b>02061-</b>		
Director Name		<b></b>	Director Name	9	<u></u>			
none		<u></u>		none				
Street Address none	none	Street Address						
City	State none	Zip none	City none		State none	Zip none		
9. Shares Authorized		10. Shares Iss						
This information is currently	of record in the	NUMBER OF	SHARES CLASS/SERIES PAR VALUE					
Department of State.					Common No Par			
Changes require an addition	al filing.		<u> </u>					
11. This report must be exe	cuted on hehalf of the	compration by an a	uthorized repres	Lsentative. If the corr	oration is in the ha	nds of a receiver or		
trustee, this report must be	executed on behalf of	the corporation by t	the receiver or tr	ustee.				
Under penalty of perjury,	I declare and affirm t	hat I have examin	ed this report, i	ncluding any acco	mpanying schedu	les and		
statements, and that all s Name of Authorized Repres	<u>а согге</u> ст	<del></del>	Date	<del> </del>				
Garth Hoffman	Pre	President		1/02/2018				
Signature of Authorized Re	presentative					<del> </del>		
			Service of the					

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov