



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

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.

FILED STAMP
 MAR 02 2020
 BY 43006

1. Entity ID Number 577037		2. Exact name of the Corporation CALLAHAN/HOFFMAN COMPANY, INCORPORATED				
3. Principal Office Address 341 Washington Street		City Norwell		State MA	Zip 02061-0000	
4. NAICS Code 238190		6. Brief description of the character of business conducted in Rhode Island constructing company specializing in commercial building				
5. State of Incorporation MA						
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
President Name Garth Hoffman			Vice-President Name Kevin Callahan			
Street Address 341 Washington Street			Street Address 341 Washington Street			
City Norwell		State MA	Zip 02061-	City Norwell		
Secretary Name Garth Hoffman			Treasurer Name Kevin Callahan			
Street Address 341 Washington Street			Street Address 341 Washington Street			
City Norwell		State MA	Zip 02061-	City Norwell		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
Director Name Garth Hoffman			Director Name Kevin Callahan			
Street Address 341 Washington Street			Street Address 341 Washington Street			
City Norwell		State MA	Zip 02061-	City Norwell		
Director Name none			Director Name none			
Street Address none			Street Address none			
City none		State none	Zip none	City none		
9. Shares Authorized						
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> <small>NUMBER OF SHARES</small> This information is currently of record in the Department of State. Changes require an additional filing.			<small>CLASS/SERIES</small> Common		<small>PAR VALUE</small> No Par	
			D			
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 Garth Hoffman President				Date 1/06/2020		
Signature of Authorized Representative SIGN DOCUMENT HERE						

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