



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: **2021**
Corporation _____

JAN 15 2021
STAMP
BY 436664
[Signature]

- 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 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	
				State MA	
				Zip 02061-	
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	
				State MA	
				Zip 02061-	
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	
				State MA	
				Zip 02061-	
Director Name none			Director Name none		
Street Address none			Street Address none		
City none		State none	Zip none	City none	
				State none	
				Zip none	
9. Shares Authorized 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
			0	Common	No Par
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. <i>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.</i>					
Name of Authorized Representative Garth Hoffman				Date 1/04/2021	
Signature of Authorized Representative <i>[Signature]</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