



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2022  
 Corporation

**FILED STAMP**  
 JAN 28 2022  
 BY *[Signature]*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>577037</b>		2. Exact name of the Corporation <b>CALLAHAN/HOFFMAN COMPANY, INCORPORATED</b>			
3. Principal Office Address <b>341 Washington Street</b>		City <b>Norwell</b>		State <b>MA</b>	Zip <b>02061-0000</b>
4. NAICS Code <b>238190</b>		6. Brief description of the character of business conducted in Rhode Island <b>constructing company specializing in commercial building</b>			
5. State of Incorporation <b>RI</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>Garth Hoffman</b>			Vice-President Name <b>Kevin Callahan</b>		
Street Address <b>341 Washington Street</b>			Street Address <b>341 Washington Street</b>		
City <b>Norwell</b>	State <b>MA</b>	Zip <b>02061</b>	City <b>Norwell</b>	State <b>MA</b>	Zip <b>02061</b>
Secretary Name <b>Garth Hoffman</b>			Treasurer Name <b>Kevin Callahan</b>		
Street Address <b>341 Washington Street</b>			Street Address <b>341 Washington Street</b>		
City <b>Norwell</b>	State <b>MA</b>	Zip <b>02061</b>	City <b>Norwell</b>	State <b>MA</b>	Zip <b>02061</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 <b>Garth Hoffman</b>			Director Name <b>Kevin Callahan</b>		
Street Address <b>341 Washington Street</b>			Street Address <b>341 Washington Street</b>		
City <b>Norwell</b>	State <b>MA</b>	Zip <b>02061</b>	City <b>Norwell</b>	State <b>MA</b>	Zip <b>02061</b>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address <b>NONE</b>			Street Address <b>NONE</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
9. Shares Authorized <b>none</b> <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.			10. Shares Issued		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>Common</b>	<b>No Par</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 <b>Garth Hoffman</b>				Date <b>1/04/2022</b>	
Signature of Authorized Representative <i>[Signature]</i>				President	

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