



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 76024		2. Name of Corporation CAL Restoration, Inc.			
3. Street Address Principal Business Office 17 Steere Drive			City Johnston	State Rhode Island	Zip 02919
4. Business Phone No. 401-934-3377		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Construction					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter Caestino			Vice President Name Karen Caestino		
Street Address 17 Steere Dive			Street Address 17 Steere Drive		
City Johnston	State Rhode Island	Zip 02919	City Johnston	State Rhode Island	Zip 02919
Secretary Name Karen Caestino			Treasurer Name Karen Caestino		
Street Address 17 Steere Drive			Street Address 17 Steere Drive		
City Johnston	State Rhode Island	Zip 02919	City Johnston	State Rhode Island	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Karen Caestino			Director Name		
Street Address 17 Steere Drive			Street Address		
City Johnston	State Rhode Island	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 500	Class/Series Common	Par Value No par value

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.

FILED

File Date JAN 07 2011
 Check No. RY 18166
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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.

Karen Caestino 1/5/11
 Signature Date
 Karen Caestino
 Print or Type Name
 Vice President and Secretary
 Title