

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

Providence. RI 02904-2615 401.222.3040

2012

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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(cctd)) is

. Corporate ID No. 577037		2. Name of Corporation CALLAHAN/HOFFMAN COMPANY, INCORPORATED				
3. Street Address Principal Business Office 341 Washington Street			City Norwell	State MA	02061-0000	
4. Business Phone No. 5. State of Incorporation Massachusett			s	···	-	
Brief Description of the Cl constructing cor	baracter of Business Conducted npany specializing in	in Rhode Island commercial building		*****	<u> </u>	
v. NAMES AND ADDE President Name Garth Hoffman		RS: ("X" BOX FOR ATTA	CHMENT)	SPACES BEFORE USING A	TTACHMENTS	
Street Address 341 Washington Street			Street Address 341 Washington Street			
Norwell	State MA	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	02061-	
8. NAMES AND ADDI Director Name Garth Hoffman		TORS: ("X" BOX FOR ATT	FACHMENT) FILL IN Director Name Kevin Callahan	N SPACES BEFORE USING	ATTACHMENTS	
Street Address 341 Washington Street			Street Address 341 Washington Street			
Norwell	State MA	^{Zip} 02061-	Cuy Norwell	State MA	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 AUTHORI	IZED	1		("X" BOX FOR ATTACH ECTION MUST BE COMPLETED	MENT) [
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.			Number of Shares	Class/Series	Par Value	
			8	Common	No Par	
this report must be ex		corporation by an authorize corporation by the receiver	or trustee. Under penalty of including any acc	perjury, I declare and affirm the ompanying schedules and state true and correct.	nat I have examined this re	
21910			Garth Hoffman Print or Type Name			
By: BY 3///U			Print or Type Nam President	τ		
FOR SECRETA	RY OF STATE USE ONLY	_	Title		-	