



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

*AMENDED*

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                    |  |   |                    |                     |
|--|--------------------|--|---|--------------------|---------------------|
| 1. Entity ID No.<br><b>76024</b>   |                    | 2. Exact name of the Corporation<br><b>C.A.L Restoration, Inc.</b> |   |                    |                     |
| 3. Principal office address<br><b>17 Steere Drive</b>  |                    |  | City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b> |
| 4. Business Phone No.<br><b>401-934-3377</b>   |                    | 5. State of Incorporation<br><b>Rhode Island</b>                   |   |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Construction</b>   |                    |  |   |                    |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |  |   |                    |                     |
| President Name<br><b>Karen Calestino</b>   |                    |  | Vice-President Name<br><b>Karen Calestino</b>                       |                    |                     |
| Street Address<br><b>17 Steere Drive</b>   |                    |  | Street Address<br><b>17 Steere Drive</b>                            |                    |                     |
| City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b>  | City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b> |
| Secretary Name<br><b>Karen Calestino</b>   |                    |  | Treasurer Name<br><b>Karen Calestino</b>                            |                    |                     |
| Street Address<br><b>17 Steere Drive</b>   |                    |  | Street Address<br><b>17 Steere Drive</b>                            |                    |                     |
| City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b>  | City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |   |                    |                     |
| Director Name<br><b>Karen Calestino</b>  |                    |  | Director Name   |                    |                     |
| Street Address<br><b>17 Steere Drive</b>   |                    |  | Street Address  |                    |                     |
| City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b>  | 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. |                    |  | NUMBER OF SHARES  | CLASS/SERIES       | PAR VALUE           |
|  |                    |  | 500   | Common             | No Par              |

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

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 Calestino* 2/9/12  
 Signature of Authorized Representative Date

**Karen Calestino, President**

Print or Type Name of Authorized Representative

**FILED**

FEB 13 2012

By DS 106

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 DIVISION OF STATE AFFAIRS  
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# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

