



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **3400** 2. Name of Corporation **Caldwell & Johnson, Inc.**

3. Street Address Principal Business Office **6500 Post Road** City **North Kingstown** State **RI** Zip **02852**

4. Business Phone No. **(401) 885-1770** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0034**

7. Brief Description of the Character of Business Conducted in Rhode Island
conduct a real estate and building construction business

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name David A. Caldwell	Vice President Name Virginia F. Caldwell
Street Address 915 North Quidnessett Road	Street Address 915 North Quidnessett Road
City State Zip North Kingstown RI 02852	City State Zip North Kingstown RI 02852

Secretary Name Virginia F. Caldwell	Treasurer Name David A. Caldwell
Street Address 915 North Quidnessett Road	Street Address 915 North Quidnessett Road
City State Zip North Kingstown RI 02852	City State Zip North Kingstown RI 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name David A. Caldwell	Director Name Virginia F. Caldwell
Street Address 915 North Quindessett Road	Street Address 915 North Quidnessett Road
City State Zip North Kingstown RI 02852	City State Zip North Kingstown RI 02852
Director Name none	Director Name none
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR COM			600	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1/13/97

Check No.: 20110

By: [Signature]

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.

[Signature] 1/6/97
Signature of Officer Date

David A. Caldwell
Print or Type Name of Officer

President
Title of Officer