



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

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. <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. Business Phone No.			5. State of Incorporation <b>Massachusetts</b>		
6. Brief description of the character of business conducted in Rhode Island <b>constructing company specializing in commercial building</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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			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
			<b>0</b>	<b>Common</b>	<b>No Par</b>

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: \_\_\_\_\_

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.

 **1/04/2016**  
 Signature of Authorized Representative Date

**Garth Hoffman**  
 Print or Type Name of Authorized Representative  
**President**

**FILED**  
**JAN 22 2016**  
**3681d**