



**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>76024</b>		2. Exact name of the Corporation C.A.L. Restoration, Inc.			
3. Principal office address 17 Steere Drive			City Johnston	State RI	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 Masonry Restoration, Caulking & Sealants, Construction services, Exterior Building Cleaning					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Peter G. Caletino			Vice-President Name Karen Caletino		
Street Address 17 Steere Dr			Street Address 17 Steere Dr		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Karen Caletino			Treasurer Name Karen Caletino		
Street Address 17 Steere Dr			Street Address 17 Steere Dr		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Karen Caletino			Director Name		
Street Address 17 Steere Dr			Street Address		
City Johnston	State RI	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.			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 Caletino*  
 Signature of Authorized Representative \_\_\_\_\_ Date 1/15/16

Karen Caletino, Vice-President

Print or Type Name of Authorized Representative

**FILED**

FEB 01 2016

mv 15L 20430