RI SOS Filing Number: 201691637320 Date: 02/01/2016 4:00 PM

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.	2. Exact name of the Corporation			
3398	M. C. CALDARONE & ASSOCIATES, INC.			
3. Principal office address: 75 SOCKANOSSET CROSSROAD-SUITE 202		City: CRANSTON	State: RI	Zip: 02920
4. Business Phone No.: 401-944-1800		5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: INSURANCE AGENCY				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: JOHN T. CALDARONE			Vice-President Name: JOHN T. CALDARONE		
Street Address: 37 LAUREL DRIVE			Street Address: 37 LAUREL DRIVE		
City: GLOCESTER	State: RI	Zip: 02814	City: GLOCESTER	State: RI	Zip: 02814
Secretary Name: MICHAEL C. CALDARONE			Treasurer Name: MICHAEL C. CALDARONE		
Street Address: 35 DELLWOOD ROAD			Street Address: 35 DELLWOOD ROAD		
City: CRANSTON	State: RI	Zip: 02920	City: CRANSTON	State: RI	Zip: 02920

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: JOHN T. CALDARONE			Director Name		
Street Address: 37 LAUREL DRIVE			Street Address		
City: GLOCESTER	State: RI	Zip: 02814	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) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	1000	COMMON	NO PAR VALUE

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.

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 of Authorized Representative — Date: 1-22-16

JOHN T. CALDARONE, PRESIDENT
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____

FILED
FEB 01 2016

FOR SECRETARY OF STATE USE ONLY KL 21706

Form No. 630
Revised: 01/2012
131944-114-1102630