



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. 3398		2. Exact name of the Corporation 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) <input type="checkbox"/>					
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) <input type="checkbox"/>					
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) <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
			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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 01 2016

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

JOHN T. CALDARONE, PRESIDENT

Print or Type Name of Authorized Representative