RI SOS Filing Number: 201730453360 Date: 01/17/2017 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
3385	CAL SUPPLY COMPANY, INC.			
3. Principal Office Address		City	State	Zip
P.O. BOX 8605		CRANSTON	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
44-45	SALES AND SERVICE OF AIR COMPRESSORS AND RELATED ACCESSORIES			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
JOSEPH P. COLAFRANCESCO			JOSEPH P. COLAFRANCESCO		
Street Address			Street Address		
35 MADISON AVENUE			35 MADISON AVENUE		
City	State	Zip	City	State	Zip
CRANSTON	RI	02920	CRANSTON	RI	02920
Secretary Name			**Treasurer Name**		
CAROL ANN COLAFRANCESCO			CAROLANN COLAFRANCESCO		
Street Address			Street Address		
35 MADISON AVENUE			35 MADISON AVENUE		
City	State	Zip	City	State	Zip
CRANSTON	RI	02920	CRANSTON	RI	02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
NONE					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NONE

11. 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.

Name of Authorized Representative	Date
JOSEPH P. COLAFRANCESCO	1/10/17

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JAN 17 2017

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FORM 630 - Revised: 10/2016