



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 3385		2. Exact name of the Corporation CAL SUPPLY COMPANY, INC.				
3. Principal Office Address P.O. BOX 8605			City CRANSTON	State RI	Zip 02920	
4. NAICS Code 44-45		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>	
President Name JOSEPH P. COLAFRANCESCO			Vice-President Name JOSEPH P. COLAFRANCESCO			
Street Address 35 MADISON AVENUE			Street Address 35 MADISON AVENUE			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920	
Secretary Name CAROL ANN COLAFRANCESCO			Treasurer Name CAROLANN COLAFRANCESCO			
Street Address 35 MADISON AVENUE			Street Address 35 MADISON AVENUE			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name NONE			Director Name			
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		10. Shares Issued				Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State.  Changes require an additional filing.		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. <b>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.</b>						
Name of Authorized Representative JOSEPH P. COLAFRANCESCO					Date 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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