



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 <b>134099</b>		2. Exact name of the Corporation <b>CALLAHAN &amp; CO., INC</b>												
3. Principal Office Address <b>64 BURNSIDE AVENUE</b>			City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>									
4. NAICS Code <b>61 - Educational Services</b>		6. Brief description of the character of business conducted in Rhode Island <b>EDUCATIONAL CONSULTANT</b>												
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>THOMAS CALLAHAN</b>			Vice-President Name <b>FAITH CALLAHAN</b>											
Street Address <b>64 BURNSIDE AVENUE</b>			Street Address <b>64 BURNSIDE AVENUE</b>											
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>									
Secretary Name <b>THOMAS CALLAHAN</b>			Treasurer Name <b>THOMAS CALLAHAN</b>											
Street Address <b>64 BURNSIDE AVE</b>			Street Address <b>64 BURNSIDE AVE</b>											
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>THOMAS CALLAHAN</b>			Director Name <b>FAITH CALLAHAN</b>											
Street Address <b>64 BURNSIDE AVENUE</b>			Street Address <b>64 BURNSIDE AVENUE</b>											
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>STK</td> <td>\$1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	STK	\$1.00			
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1000	STK	\$1.00												
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 <b>THOMAS CALLAHAN</b>				Date <b>2/24/17</b>										
Signature of Authorized Representative <i>Thomas Callahan</i>														

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**

FEB 27 2017

BY

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FORM 630 - Revised: 02/2017