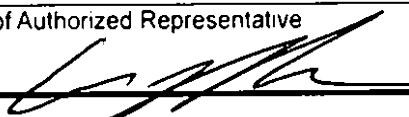


**Annual Report for the year: 2018**

**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>000170516</b>		2. Exact name of the Corporation <b>Caisson Construction Corporation</b>		
3. Principal Office Address <b>91 Providence Hwy. (Ste. 107) 2nd Floor</b>		City <b>Westwood</b>	State <b>MA</b>	Zip <b>02090</b>
4. NAICS Code <b>23 - Construction</b>	6. Brief description of the character of business conducted in Rhode Island <b>GENERAL CONTRACTOR, CONSTRUCTION MANAGEMENT FOR CONSTRUCTION</b>			
5. State of Incorporation <b>MASSACHUSETTS</b>	<b>238990</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>Bruce Jaffin</b>		Vice-President Name <b>None</b>		
Street Address <b>179 Pine Street</b>		Street Address		
City <b>Medfield</b>	State <b>MA</b>	Zip <b>02052</b>	City	State
Secretary Name <b>Bruce Jaffin</b>		Treasurer Name <b>Bruce Jaffin</b>		
Street Address <b>179 Pine Street</b>		Street Address <b>179 Pine Street</b>		
City <b>Medfield</b>	State <b>MA</b>	Zip <b>02052</b>	City <b>Medfield</b>	State <b>MA</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>Bruce Jaffin</b>		Director Name <b>None</b>		
Street Address <b>179 Pine Street</b>		Street Address		
City <b>Medfield</b>	State <b>MA</b>	Zip <b>02052</b>	City	State
Director Name <b>None</b>		Director Name <b>None</b>		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized <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.		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		<b>250,000</b>	<b>Common</b>	<b>2,500</b>
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>Bruce Jaffin, President</b>			Date <b>1/5/18</b>	
Signature of Authorized Representative  <span style="float:right"><b>SIGN DOCUMENT HERE FILED</b></span>				