RI SOS Filing Number: 201985455290 Date: 1/28/2019 4:00:00 PM

	of Rhode Island and Providence Plantations	
(XXX)	of Rhode Island and Providence Plantations Department of State - Business Services	Division
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Annual Report for the year: 2019
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED	-
 JAN 2 8 2019	

1. Entity ID Number	2. Exact nam	ie of the Corporation	<u>. </u>	<u></u>				
3380		Cal Chemical Corporation						
3. Principal Office Address 592 Arnold Road			City Coventry		State RI	Zip 02816		
4. NAICS Code	NAICS Code 6. Brief description of the chara			onducted in Rhode Is	sland	<u> </u>		
325611	CHEMICAL	CHEMICAL MANUFACTURER						
5. State of Incorporation RHODE ISLAND								
7. List ALL officers (names a	ind addresses)				the box to inc	dicate an attachment		
President Name Charles A. L	Vice-President	Vice-President Name None						
Street Address 592 Arnold R	Street Address							
City Coventry	State RI	Zip 02816	City		State	Zip		
Secretary Name Joan A. Lamendola			Treasurer Name Charles A. Lamendola					
Street Address 592 Arnold Road				Street Address 592 Arnold Road				
City Coventry	State RI	^{Zip} 02816	City Coventry		State RI	Zip 02816		
8. List ALL directors (names	and addresses)			Check	the box to in	dicate an attachment 🗀		
Director Name Charles A. La	ımendola		Director Name	Joan A. Lamendola)	•		
Street Address 592 Arnold R	Street Address	Street Address 592 Arnold Road						
City Coventry	State RI	^{Zip} 02816	City Coventry		State RI	Zip 02816		
Director Name		_	Director Name			··-··		
Street Address			Street Address	3				
City	State	Zip	City		State	Zip		
		10. Shares Iss	hares Issued Check the box to indicate an attachment NUMBER OF SHARES CLASS/SERIES PAR VALUE					
This information is currently of record in the Department of State.		100 shares		common		no par		
Changes require an additiona	il filing.							
11. This report must be exec					ration is in th	e hands of a receiver or		
trustee, this report must be a Under penalty of perjury, I	declare and affirm	that I have examin	ed this report, i		npanying sc	hedules and		
statements, and that all st Name of Authorized Repres		l herein are true ar	id correct.		Date			
Charles A. Lamendola		1/25/2019						
Signature of Authorized Rep	_	AN Y	e garage					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.n.gov