State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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.

1 Entity ID Number	2. Exact name of the Corporation
1664135	CAAL Corporation

3. Principal Office Address	City	State	Zip
660 Woonasquatucket Avenue	North Providence	RI	02911

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541940 81 - Other Services (except Pul	a vetinary hospital and clinic and any and all lawful business thereto
5. State of Incorporation: RHODE ISLAND	

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

President Name	Vice-President Name
Craig L. Hopkins	Craig L. Hopkins
Street Address: 660 Woonasquatucket Avenue	Street Address: 660 Woonasquatucket Avenue
City: North Providence, State: RI, Zip: 02911	City: North Providence, State: RI, Zip: 02911
Secretary Name: Craig L. Hopkins	Treasurer Name: Craig L. Hopkins
Street Address: 660 Woonasquatucket Avenue	Street Address: 660 Woonasquatucket Avenue
City: North Providence, State: RI, Zip: 02911	City: North Providence, State: RI, Zip: 02911

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

Director Name	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100	Common	No Par

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
Craig L. Hopkins, President	2/12/19

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED

FEB 21 2019

BY 2022 DS

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

FORM 630 - Revised: 10/2016