



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2021  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

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1. Entity ID Number <u>156970</u>		2. Exact name of the Corporation <u>CAUL CONSTRUCTION CO. INC</u>	
3. Principal Office Address <u>75 MOCCASIN DRIVE</u>		City <u>WARWICK</u>	State <u>RI</u>
		Zip <u>02889</u>	
4. NAICS Code <u>236114</u>	6. Brief description of the character of business conducted in Rhode Island <u>GENERAL CONSTRUCTION AND ANY OTHER LAWFUL BUSINESS</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>EUGENE W MORAWITT</u>		Vice-President Name	
Street Address <u>75 MOCCASIN DRIVE</u>		Street Address	
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>	
Secretary Name <u>EUGENE W MORAWITT</u>		Treasurer Name <u>EUGENE W MORAWITT</u>	
Street Address <u>SAME</u>		Street Address <u>SAME</u>	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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.		NUMBER OF SHARES	CLASS/SERIES
		<u>1000</u>	<u>COMMON</u>
		PAR VALUE	<u>NO PAR</u>
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 <u>EUGENE W MORAWITT</u>		Date <u>7-27-21</u>	
Signature of Authorized Representative 		<b>FILED</b>	

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

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