



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

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 STAMP
FEB 24 2023
 BY AS/14

1. Entity ID Number 000003400		2. Exact name of the Corporation Caldwell & Johnson, Inc.			
3. Principal Office Address 6500 Post Road		City North Kingstown		State RI	Zip 02852
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Residential contractor services. Purchase, sale and lease of real property.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David A. Caldwell		Vice-President Name David A. Caldwell, Jr.			
Street Address 6500 Post Road		Street Address 6500 Post Road			
City No. Kingstown	State RI	Zip 02852	City No. Kingstown	State RI	Zip 02852
Secretary Name David A. Caldwell		Treasurer Name David A. Caldwell			
Street Address 6500 Post Road		Street Address 6500 Post Road			
City No. Kingstown	State RI	Zip 02852	City No. Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David A. Caldwell		Director Name			
Street Address 6500 Post Road		Street Address			
City No. Kingstown	State RI	Zip 02852	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		600		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 David A. Caldwell, Jr., Vice President					Date 2/15/23
Signature of Authorized Representative 					

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