



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation:

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 26 2024

BY 0795

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, Jr.		Vice-President Name David A. Caldwell, Jr.										
Street Address 6500 Post Road		Street Address 6500 Post Road										
City North Kingstown	State RI	City North Kingstown	State RI									
Zip 02852		Zip 02852										
Secretary Name David A. Caldwell, Jr.		Treasurer Name David A. Caldwell, Jr.										
Street Address 6500 Post Road		Street Address 6500 Post Road										
City North Kingstown	State RI	City North Kingstown	State RI									
Zip 02852		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 North Kingstown	State RI	City	State									
Zip 02582		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>Common</td> <td>No par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	Common	No par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
600	Common	No par										
Changes require an additional filing.												
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.			Date 3/26/24									
Signature of Authorized Representative 												

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov