



**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	Zip 02852	City North Kingstown	State RI	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	Zip 02852	City North 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 North 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.					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