



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

Annual Report for the year: 2024
Corporation

APR 08 2024

13634 *a*

- Filing period February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 3380		2. Exact name of the Corporation Cal Chemical Corporation												
3. Principal Office Address 592 Arnold Road			City Coventry,		State RI									
4. NAICS Code 325611		6. Brief description of the character of business conducted in Rhode Island CHEMICAL MANUFACTURER												
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 Charles A. Lamendola			Vice-President Name None											
Street Address 592 Arnold Road			Street Address											
City Coventry	State RI	Zip 02816	City	State	Zip									
Secretary Name Joan A. Lamendola			Treasurer Name Charles A. Lamendola											
Street Address 592 Arnold Road			Street Address 592 Arnold Road											
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Charles A. Lamendola			Director Name Joan A. Lamendola											
Street Address 592 Arnold Road			Street Address 592 Arnold Road											
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized														
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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">NUMBER OF SHARES</td> <td style="width: 33%; text-align: center;">CLASS/SERIES</td> <td style="width: 33%; text-align: center;">PAR VALUE</td> </tr> <tr> <td style="text-align: center;">100 shares</td> <td style="text-align: center;">common</td> <td style="text-align: center;">no par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100 shares	common	no par			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100 shares	common	no par												
Changes require an additional filing.														
Name of Authorized Representative Charles A. Lamendola				Date April 3, 2024										
Signature of Authorized Representative <i>Charles A. Lamendola</i>														

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov