



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

APR 08 2024

13434 *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 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.			10. Shares Issued		
			NUMBER OF SHARES 100 shares	CLASS/SERIES common	PAR VALUE 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 Charles A. Lamendola				Date April 3, 2024	
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