



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period February 1 - May 1

→ Filing Fee: \$50.00

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

JAN 10 2025

54284

1. Entity ID Number 3259		2. Exact name of the Corporation C & L Company Builders, Inc.			
3. Principal Office Address 1395 South Road			City East Greenwich	State RI	Zip 02818
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island General Contractors			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Robert F. Smith			Vice-President Name Doreen K. Caruso		
Street Address 1395 South Road			Street Address 409 Middle Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Doreen K. Caruso			Treasurer Name Robert F. Smith		
Street Address 409 Middle Road			Street Address 1395 South Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Robert F. Smith			Director Name Doreen K. Caruso		
Street Address 1395 South Road			Street Address 409 Middle Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	Common	NPV
			None	None	None
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 Doreen K. Caruso					Date 1-7-2025
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