



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2671
401.222.3044

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 114912 2. Name of Corporation CALABRO FINANCIAL SERVICES INC

3. Street Address Principal Business Office 1 THURBER BOULEVARD City SMITHFIELD State RI Zip 02917

4. Business Phone No. 401-354-8720 5. State of Incorporation RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island FINANCIAL SERVICES

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name JOSEPH P CALABRO JR Vice President Name

Street Address 1 THURBER BOULEVARD Street Address

City SMITHFIELD State RI Zip 02917 City State Zip

Secretary Name JOSEPH P CALABRO JR Treasurer Name JOSEPH P CALABRO JR

Street Address 1 THURBER BOULEVARD Street Address 1 THURBER BOULEVARD

City SMITHFIELD State RI Zip 02917 City SMITHFIELD State RI Zip 02917

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name JOSEPH P CALABRO JR Director Name

Street Address 1 THURBER BOULEVARD Street Address

City SMITHFIELD State RI Zip 02917 City State Zip

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares 100 Class/Series COMMON Par Value NO PAR

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.

Signature Date

JOSEPH P CALABRO JR

Print or Type Name PRESIDENT

Title