



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 02904-2611
401.222.3041

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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. 128461
2. Name of Corporation Calco Inc

3. Street Address Principal Business Office
502 Callahan Road
City North Kingstown State RI Zip 02852

4. Business Phone No. 401-667-7702
5. State of Incorporation RI

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

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

President Name
Diane Maraia
Vice President Name
Diane Maraia

Street Address
502 Callahan Road
Street Address
502 Callahan Road

City North Kingstown State RI Zip 02852
City North Kingstown State RI Zip 02852

Secretary Name
Diane Maraia
Treasurer Name
Diane Maraia

Street Address
502 Callahan Road
Street Address
502 Callahan Road

City North Kingstown State RI Zip 02852
City North Kingstown State RI Zip 02852

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

Director Name
Diane Maraia
Director Name

Street Address
502 Callahan 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

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	0

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.

FILED

File Date JAN 19 2011

Check No. By MMC

By: 3343

FOR SECRETARY OF STATE USE ONLY

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 Diane Maraia Date 1-17-11

Diane Maraia

Print or Type Name

President

Title