

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		2. Exact name of the limited liability company EILEEN & EDMUND CALCAGNI, LLC				
794416			•			
3. State of Formation	1	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Acquirin	g real property,	, selling real property, and ow	ning real pro	perty	
5. Principal office address 1 Orchard Lane			City North Providence	State RI	Zip 02904	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OLICONIA CTERES	ON:		
Contact Name Edmund R. Calcagni			Contact Title Member			
Street Address 1 Orchard Lane			City North Providence	State RI	Zip 02904	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF AP	PLICABLE - <u>DÓ</u>	<mark>iloon esta Medialeres</mark> in Resemble de la Medialeres in la company	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8, RESIDENT AGENT IN R	HODE ISLAND					
This information is curren	itly of record in the	e Office of the Seci	retary of State. Changes require filing	Form 642.		

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Form No. 632 Revised: 01/2012 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 of Authorized Person

09/10/2014 Date

Edmund R. Calcagni, Member

Print or Type Name of Authorized Person