

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2016	
Limited Liability Company		

- → Filing period: September 1 November 1 → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 686039	2. Exact name of the Limited Liability Company					
	CALCIONE ENTERPRISES, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
61 - Educational Services	PRESCHOOL					
5. State of Formation						
Rhode Island						
6. Principal Office Address	<u> </u>	·	City	State		
4 Wampum Trail			Smithfield	RI	Zip 02917	
7. Mailing Address of Limited Lia	ability Compa	any and Name	or Title of Contact Person			
Contact Name Dale F. Calcione		Contact Title Member				
Street Address 4 Wampum Trail		City Smithfield	State RI	^{Zip} 02917		
8. List ALL managers (names an	nd addresse:	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST N	AFMREDS	
Manager Name	-	Manager Name				
Street Address		Street Address	Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Stroot Address	Charlett		
	·		Street Address			
City	State	Zip	City	State	Zip	
O Decident A				Check the box to in	dicate an attachment	
9. Resident Agent in Rhode Island	d. This inform	ation is currently	of record with the Department of Stat	Changes		
Under penalty of perjury, I decl statements, and that all statem	are and ami	'M' that i have .	nvaminad this was a set of the	g any accompanying	schedules and	
Name of Authorized Person			100 dila confect.	Date	/ ,	
Dale F. Calcione	10			/D/	19/110	
Signature of Authorized Person		SIGN !	DOCUMENT HERE		1.770	
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

OCT 3 1 2016

FORM 632 - Revised: 08/2016