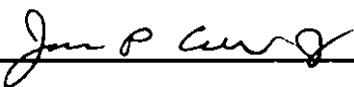



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2019  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000114912		2. Exact name of the Corporation CALABRO FINANCIAL SERVICES INC			
3. Principal Office Address 1 THURBER BLVD STE D			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 523900		6. Brief description of the character of business conducted in Rhode Island  SERVICE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JOSEPH P CALABRO JR			Vice-President Name		
Street Address 4 HERITAGE DRIVE			Street Address		
City LINCOLN,	State RI	Zip 02865	City	State	Zip
Secretary Name			Treasurer Name JOSEPH P CALABRO JR		
Street Address			Street Address 4 HERITAGE DRIVE		
City	State	Zip	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name JOSEPH P CALABRO JR			Director Name		
Street Address 4 HERITAGE DRIVE			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		COMMON	0
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. <b>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.</b>					
Name of Authorized Representative					Date 2/8/19
Signature of Authorized Representative JOSEPH CALABRO 					<b>FILED</b> FEB 14 2019  5460

MAIL TO:  
Division of Business Services  
148 W River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov