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

FILED
JAN 07 2021
BY 5596 OS

Annual Report for the year: 2021
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	2. Exact name of the Corporation		
000114912	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/Consulting		
5. State of Incorporation: RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: JOSEPH P CALABRO JR			Vice-President Name: JOSEPH P CALABRO JR		
Street Address: 4 HERITAGE DRIVE			Street Address: 4 HERITAGE DRIVE		
City: LINCOLN	State: RI	Zip: 02865	City: LINCOLN	State: RI	Zip: 02865
Secretary Name: JOSEPH P CALABRO JR			Treasurer Name: JOSEPH P CALABRO JR		
Street Address: 4 HERITAGE DRIVE			Street Address: 4 HERITAGE DRIVE		
City: LINCOLN	State: RI	Zip: 02865	City: LINCOLN	State: RI	Zip: 02865

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 — Check the box to indicate an attachment: ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	300	COMMON	NO PAR

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.

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.

Name of Authorized Representative	Date
JOSEPH P CALABRO JR	1-5-21

Signature of Authorized Representative: Joseph P Calabro Jr

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

FORM 630 - Revised 10/2017