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State of Rhode Island
Department of State - Business Services Division

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OCT 07 2021
BY 2327 DS

Annual Report for the year: 2021
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	2. Exact name of the Limited Liability Company		
000686039	CALCIONE ENTERPRISES, LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
624410	A preschool		
5. State of Formation			
Rhode Island			
6. Principal Office Address	City	State	Zip
4 Wampum Trail	Smithfield	RI	02917
7. Mailing Address of Limited Liability Company 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 and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**			
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		
Check the box to indicate an attachment ☐			
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
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 Person: Dale F. Calcione	Date: 9/21/21 ✓		
Signature of Authorized Person: Dale F. Calcione			

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov