State of Rhode Island
Department of State - Business Services Division

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.

NOV 0 8 2021

BY

1. Entity ID Number	2. Exact name of the Limited Liability Company			
000794416	**EILEEN & EDMUND CALCAGNI LLC**			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531311	ACQUIRING REAL PROPERTY, SELLING REAL PROEPRTY AND MANAGING REAL PROPERTY			
5. State of Formation				
RI				

6. Principal Office Address	City	State	Zip
1 ORCHARD LANE	NORTH PROVIDENCE	RI	02904

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name EDMUND R CALCAGNI	Contact Title MEMBER		
Street Address 1 ORCHARD LANE	City NORTH PROVIDENCE	State RI	Zip 02904

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name NONE			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	Date
EDMUND R CALCAGNI, MEMBER	11-01-21
Signature of Authorized Person	

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 632 - Revised: 08/2020