



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**STAMP**

**Annual Report for the year:** 2023  
**Corporation**

FEB 01 2023  
 BY 2440

FOR  
 SECRETARY OF STATE  
 USE ONLY

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000106277		2. Exact name of the Corporation CALM ENTERPRISES INC			
3. Principal Office Address 194 CENTRAL PIKE			City FOSTER		State RI
			Zip 02825		
4. NAICS Code 722515		6. Brief description of the character of business conducted in Rhode Island RETAIL SALE OF FROZEN DESSERT			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ANTHONY J RENZI			Vice-President Name		
Street Address 194 CENTRAL PIKE			Street Address		
City FOSTER	State RI	Zip 02825	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			100		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					
<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 ANTHONY J RENZI				Date 01-30-2023	
Signature of Authorized Representative <i>Anthony J Renzi</i>					

**MAIL TO:**  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov