



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

**Annual Report for the year:** 2023  
**Limited Liability Company**

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

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1. Entity ID Number 000794416	2. Exact name of the Limited Liability Company EILEEN & EDMUND CALCAGNI LLC		
3. NAICS Code 531311	4. Brief description of the character of business conducted in Rhode Island AQCUIRING REAL PROPERTY, SELLING REAL PROPERTY AND MANAGING REAL PROPERTY		
5. State of Formation RI			
6. Principal Office Address 1 ORCHARD LANE		City NORTH PROVIDENCE	State RI
Zip 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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person EDMUND R. CALCAGNI, MEMBER			Date 2/18/2023
Signature of Authorized Person <i>Edmund R. Calcagni</i>			

**MAIL TO:**  
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