

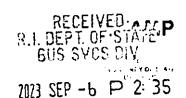
## State of Rhode Island **Department of State - Business Services Division**

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.



1. Entity ID Number	2. Exact name of the Limited Liability Company			
001746619	Callahan Enterprises LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
501012	SECURITY SERVICES			
5 State of Formation				
MA				
6. Principal Office Address	<u> </u>	City	State	Zip
38 RENAUD STREET		FALL RIVER	MA	02721
7. Mailing Address of Limited Lia	ability Company and Name or Title	e of Contact Person	•	•
Contact Name SEAN PATRICK CALLAHAN		Contact Title		
Street Address 38 RENAUD STREET		City FALL RIVER	State MA	<sup>Z<sub>ip</sub></sup> 02721
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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	
SEAN PATRICK CALL		09/06/2023		
Signature of Authorized Person				

**FILED** 

SEP 0 6 2023 BY ML FJAQ

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov