



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

FEB 02 2024

5753 *Q*

Annual Report for the year: **2024**

Corporation _____

- 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 000114912		2. Exact name of the Corporation CALABRO FINANCIAL SERVICES INC			
3. Principal Office Address 1 THURBER BLVD STE D			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 523900		6. Brief description of the character of business conducted in Rhode Island CONSULTING SERVICES			
5. State of Incorporation RI 10/17/2000					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSEPH P CALABRO JR			Vice-President Name JOSEPH P CALABRO JR		
Street Address 1 THURBER BLVD STE D			Street Address 1 THURBER BLVD STE D		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name JOSEPH P CALABRO JR			Treasurer Name JOSEPH P CALABRO JR		
Street Address 1 THURBER BLVD STE D			Street Address 1 THURBER BLVD STE D		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOSEPH P CALABRO JR			Director Name		
Street Address 1 THURBER BLVD STE D			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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. 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 Representative JOSEPH P CALABRO JR				Date 1/24/24	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov