



State of Rhode Island

Department of State - Business Services Division

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.

FEB 02 2024

5753

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
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
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE		
		100	COMMON	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

FORM 630- Revised: 12/2023