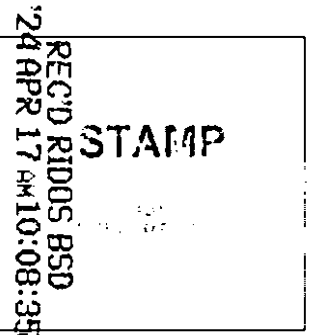




**State of Rhode Island**  
**Department of State - Business Services Division**



**Annual Report for the year:** 2024

**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 1664737	2. Exact name of the Limited Liability Company Dawn Calouro LLC			
3. NAICS Code 524210	4. Brief description of the character of business conducted in Rhode Island Insurance			
5. State of Formation Rhode Island				
6. Principal Office Address 2727 Pawtucket Avenue		City East Providence	State RI	Zip 02914
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Dawn Calouro		Contact Title Member		
Street Address 2727 Pawtucket Avenue		City East Providence	State RI	Zip 02914
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 Dawn Calouro			Date 3-14-24.	
Signature of Authorized Person 				

**FILED**

APR 17 2024  
 BY 4862  
 AA.

**MAIL TO:**

**Division of Business Services**

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)