

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

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Annual Report for the year: 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.

2024

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001736586	Capalbo Enterprises LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531311	Property maintenance both interior and exterior			
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zip
7 Ryder Ln		Cumberland	RI	02864
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person		
Contact Name		Contact Title		
Michael C	apalbo	Owner		
Street Address 7 Ryder Ln		City Cumberland	State RI	<sup>Zip</sup> 02864
8. The Resident Agent infor	mation currently of record with the	RI Department of State is accura	te. Changes require	e filing Form 642.
	y, I declare and affirm that I have tatements contained herein are		ng any accompany	ring schedules and
Name of Authorized Person			Date	
Michael Capalbo			10/21/2024	
Signature of Authorized Per	son			

FILED

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MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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FORM 632 - Revised: 12/2023