

# State of Rhode Island Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

# Business Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2025**: <u>2025</u>

1. Corporate ID No. 000003398

2. Name of Corporation M. C. Caldarone & Associates, Inc.

3. Street Address Principal Business Office:

No. and Street: 75 SOCKANOSSET CROSSROAD

**SUITE 202** 

City or Town: CRANSTON State: RI Zip: 02920 Country: USA

4. Business Phone No.

401-944-1800

5. State of Incorporation

State: RI

### **NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here</u>. More information on <u>NAICS</u> can be found online.

524210

6. Brief Description of the Character of Business Conducted in Rhode Island

### **INSURANCE AGENCY**

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

| Title          | Individual Name<br>First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |  |
|----------------|--|---|--|
| PRESIDENT      | JOHN T CALDARONE                               | 1165 REYNOLDS ROAD<br>CHEPACHET, RI 02814 USA           |  |
| VICE PRESIDENT | BENJAMIN R CALDARONE                           | 1155 REYNOLDS ROAD<br>CHEPACHET, RI 02814 USA           |  |

#### 8. Shares Authorized and Issued

|   |                |                 |               |                  | Total Issued |
|---|----------------|-----------------|---------------|------------------|--------------|
|   | Class of Stock | Series of Stock | Par Value Per |                  | and          |
| ı |                |                 | Share         | Total Authorized | Outstanding  |
| ı |                |                 |               | Shares           | Num of       |
|   |                |                 |               | Number of Shares | Shares       |
|   | CNP            |                 | \$0.0000      | 1,000.00         | 1000         |

9. 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.

**Signed this 10 Day of January, 2025 at 2:04:42 PM.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

## By JOHN T CALDARONE

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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