La Contract	

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

Filing period: February 1 - May 1

Filing Fee: \$50.00

FILED							
		2025					

Penalty: Additional \$25.00 f						<u> </u>		
1. Entity ID Number 000114912	2. Exact name of the Corporation CALABRO FINANCIAL SERVICES INC							
 Principal Office Address THURBER BLVD STE [)		City SMITH	IFIELD	State RI	^{Zip} 02917		
4. NAICS Code 5390 5. State of Incorporation	Brief description of the character of business conducted in Rhode Island CONSULTING SERVICES							
RI								
7. List ALL officers (names and add	eddresses) Check the box to indicate an attachment							
President Name JOSEPH P CA				Vice-President Name JOSEPH P CALABRO JR				
Street Address 1 THURBER B			Street Addr	ess 1 THURBE	RBER BLVD STE D			
^{City} SMITHFIELD	State RI	^{Zip} 02917	City SMI	THFIELD	State RI	^{Z_{ip}} 02917		
Secretary Name JOSEPH P CA	retary Name JOSEPH P CALABRO JR				Treasurer Name JOSEPH P CALABRO JR			
Street Address 1 THURBER BLVD STE D			Street Adar	Street Address 1 THURBER BLVD STE D				
^{City} SMITHFIELD	State RI	^{Zip} 02917	City SMI	THFIELD	State RI	² 02917		
8 List ALL directors (names and ac	dresses)			Check th	ne box to indicate a	ın attachment 🔲		
Director Name JOSEPH P CALABRO JR			Director Na	Director Name				
Street Address 1 THURBER BI	Address 1 THURBER BLVD STE D			Street Address				
^{Cily} SMITHFIELD	State RI	^{Zip} 02917	City		State	Zip		
Director Name			Director Na	Director Name				
Street Address			Street Address					
City	State	Zip	City	•	State	Zip		
9. Shares Authorized		10. Shares Issu	ied	Check 1	he box to indicate a	an attachment 🗖		
This information is currently of recor	rd in the	NUMBER OF		C_ASS/9		PAR VALUE		
Department of State.		100			٦			
Changes require an additional filing.								
 This report must be executed o ceiver or trustee, this report must b 					orporation is in the	hands of a re-		
Under penalty of perjury, I declar statements, and that all statemen	re and affirm tha	it I have examine	d this repor	t, including any ac	companying sch	edules and		
Name of Authorized Representative JOSEPH P CALABRO JR					Date 2/1/2025	5		
Signature of Authorized Representative Joseph P Culture								
MAIL TO:		_						

MAIL TO: Division of Basiness Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov