RI SOS Filing Number: 202574239930 Date: 5/30/2025 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

MAY 3 0 2025 0

Annual Report for the year: 2025
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 | 2. Exact name of the Limited Liability Company | | | |
|---|---|---------------|-------|-------|
| 001095481 | The Capalbo Group Inc. | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 621210 | Dental practice | | | |
| 5. State of Formation | | | | |
| RI | | | | |
| 6. Principal Office Address | | City | State | Zip |
| 7 Shoreline Drive | | Westerly | RI | 02841 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name | | Contact Title | | |
| Michael Capalbo | | OWNER | | |
| Street Address | | City | State | Zip |
| 7 Shoreline 1 | Divine | Westerly | KI_ | 02841 |
| 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 | | | Date | |
| Michael C | | 05/24/25 | | |
| Signature of Authorized Person | | | | |
| Michael B Copulles | | | | |
| ··· | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov RECEIVED RECEIVED IN 27