



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>577247</b>		2. Exact name of the Corporation <b>L &amp; S MAINTENANCE CO. INC.</b>			
3. Principal office address <b>27 NOTRE DAME STREET</b>		City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	
4. Business Phone No. <b>401-726-2077</b>		5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>COMMERCIAL &amp; RESIDENTIAL CLEANING, MAINTENANCE AND LANDSCAPING.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>LUCIANO SILVA</b>			Vice-President Name <b>NONE</b>		
Street Address <b>27 NOTRE DAME STREET</b>			Street Address		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>LUCIANO SILVA</b>			Director Name <b>NONE</b>		
Street Address <b>27 NOTRE DAME STREET</b>			Street Address		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10,000	STK	\$0.01

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.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**  
**FEB 05 2015**

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.

*Luciano Silva*  
Signature of Authorized Representative

*1-30-2015*  
Date

**LUCIANO SILVA, PRESIDENT**

Print or Type Name of Authorized Representative