



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 2016

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. 577247		2. Exact name of the Corporation L & S MAINTENANCE CO. INC.			
3. Principal office address 27 NOTRE DAME STREET		City CENTRAL FALLS		State RI	Zip 02863
4. Business Phone No. 401-726-2077		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island COMMERCIAL & RESIDENTIAL CLEANING, MAINTENANCE AND LANDSCAPING.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name LUCIANO SILVA			Vice-President Name NONE		
Street Address 27 NOTRE DAME STREET			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
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 LUCIANO SILVA			Director Name NONE		
Street Address 27 NOTRE DAME STREET			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State	Zip
Director Name NONE			Director Name NONE		
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 16 2016

By KL 5753

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 Date 2-11-2016

LUCIANO SILVA, PRESIDENT

Print or Type Name of Authorized Representative