



State of Rhode Island and Providence Plantations  
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: January 1 - March 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:** 2017

**1. Corporate ID No.** 000095943

**2. Name of Corporation** The Ledward Group, Ltd.

**3. Street Address Principal Business Office:**

No. and Street: 25 LEDWARD AVENUE

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

**4. Business Phone No.**

401-596-2857

**5. State of Incorporation**

State: RI

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

53

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

TO ACQUIRE AND DEVELOP REAL PROPERTY, TO PROVIDE CONSULTATIVE SERVICES  
IN CONNECTION WITH THE ACQUISITION AND/OR DEVELOPMENT OF REAL  
PROPERTY.

**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Incorporator is no longer applicable; please delete.**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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

TREASURER	THOMAS J LIGUORI JR	1 ST. ANDREWS TERRACE WESTERLY, RI 02891 USA
SECRETARY	MARY D BUCK	11 SURREY LANE NORTH STONINGTON, CT 06359 USA
VICE PRESIDENT	SALVATORE E CHERENZIA III	PO BOX 403 NORTH STONINGTON, CT 06359 USA
PRESIDENT	SALVATORE E CHERENZIA III	P.O. BOX 403 NORTH STONINGTON, CT 06359- USA
DIRECTOR	SALVATORE E CHERENZIA III	P O BOX 403 NORTH STONINGTON, CT 06359 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	200

**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 18 Day of January, 2017 at 2:39:01 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 MARY D. BUCK  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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