State of Rhode Island and Department of Sta			Division					
Annual Report for the year: 2017				FILED JAN 2 6 2017 0				
Corporation ————————————————————————————————————			_					
 → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 								
1. Entity ID Number	2. Exact name	e of the Corporation	on	DV Sent replaces Company Com-	1014	*** 52 ********************************		
000017928	Landmark Investment & Development Corp.							
3. Principal Office Address			City	City State Zip				
P.O. Box 395			Portsmouth	1	RI		02871	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
53 - Real Estate and Rental and	Investment Real Estate							
5. State of Incorporation RI								
7. List ALL officers (names and add	resses)	_			he box to i	ndicate a	n attachment 🔲	
President Name William A. Lenartowick			Vice-President	Vice-President Name William A. Lenartowick				
Street Address P.O. Box 395			Street Address	Street Address P.O. Box 395 City Portsmouth State RI Zip 02871				
City Portsmouth	State RI	Zip 02871	City Portsmo	City Portsmouth			^{Zip} 02871	
Secretary Name			Treasurer Nan	Treasurer Name				
Street Address	Street Address	Street Address						
City	State	Zip	City	City			Zip	
8. List ALL directors (names and addresses)			This was Now a	Check the box to indicate an attachment				
Director Name			Director Name	Director Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	City			Zip	
Director Name			Director Name	Director Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	City			Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued NUMBER OF SHARES		Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
		100	F SHARES	CLASS/SERIES		No Par Value		
 This report must be executed or trustee, this report must be execute 	d on behalf of t	he corporation by	the receiver or tru	ustee.				
Under penalty of perjury, I declare statements, and that all statemen				ncluding any accomp	panying so	chedules	and	
Name of Authorized Representative		Date 1-24-17						
Signature of Authorized Representa	tive	ntowik	/					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov