



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2019  
 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 <b>000059764</b>		2. Exact name of the Corporation <b>L. MASLANKA SALES LTD.</b>			
3. Principal Office Address <b>24 LIENA ROSE WAY</b>		City <b>COVENTRY</b>		State <b>R.I.</b>	Zip <b>02816</b>
4. NAICS Code <b>334416</b>		6. Brief description of the character of business conducted in Rhode Island <b>Mfg Rep For Electronic Mfg.</b>			
5. State of Incorporation <b>RI</b>		7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>WALTER MASLANKA JR</b>		Vice-President Name			
Street Address <b>24 LIENA ROSE WAY</b>		Street Address			
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City		Zip
Secretary Name <b>WALTER MASLANKA JR.</b>		Treasurer Name			
Street Address <b>24 LIENA ROSE WAY</b>		Street Address			
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City		Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City		Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City		Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>1000</b>	<b>COMMON</b>	<b>\$ 0.01</b>
11. 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. <b>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.</b>					
Name of Authorized Representative <b>WALTER MASLANKA JR</b>				Date	
Signature of Authorized Representative 				SIGN DOCUMENT HERE <b>FILED</b>	

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

FEB 14 2019

RV

1411