

FILED



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

Annual Report for the year: 2019 Corporation

MAR 11 2019
 BY 1155 DS

- 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 <u>17928</u>		2. Exact name of the Corporation Landmark Investment & Development Corp.			
3. Principal Office Address P.O. Box 395		City Portsmouth		State RI	Zip 02871
4. NAICS Code 531390 - Other activities RE		6. Brief description of the character of business conducted in Rhode Island Investment Real Estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William A. Lenartowick			Vice-President Name William A Lenartowick		
Street Address P.O. Box 395			Street Address P.O. Box 395		
City Portsmouth		State RI	Zip 02871	City Portsmouth	
State RI		Zip 02871	State RI		Zip 02871
Secretary Name			Treasurer Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	No Par Value
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.					
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.					
Name of Authorized Representative <i>William A. Lenartowick</i>					Date <i>3-7-19</i>
Signature of Authorized Representative <i>William A. Lenartowick</i> SIGN DOCUMENT HERE					

MAIL TO:
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 Website: www.sos.ri.gov