



State of Rhode Island
Department of State - Business Services Division

FILED
STAMP

Annual Report for the year: 2021

Corporation _____

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FEB 12 2021
 BY [Signature]

1. Entity ID Number 000577247		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. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL & RESIDENTIAL CLEANING, MAINTENANCE AND LANDSCAPING.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an 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) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LUCIANO SILVA			Director Name		
Street Address 27 NOTRE DAME STREET			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	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
		10,000		STOCK	0.01
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 LUCIANO SILVA, PRESIDENT					Date 2-05-2021
Signature of Authorized Representative <u>[Signature]</u>					

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