RI SOS Filing Number: 202192472300 Date: 2/19/2021 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

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.

EB 19 2021 93	STAMP	

Entity ID Number	2. Exact nam	e of the Corporatio	n			•		
127432	Land Protec	Land Protection, Inc.						
3. Principal Office Address			City		State	Zip		
P.O. Box 2115			Westerly		RI.	02891		
4. NAIĆS Code	6. Brief desc	ription of the charac	ter of business	conducted in Rhode	Island			
531390	Land Preser	Land Preservation and protection						
5. State of Incorporation								
RI								
7. List ALL officers (names and a	addresses)			Check	the box to indi	icate an attachment		
President Name Paul F. Singer			Vice-President Name Paul F. Singer					
Street Address P.O. Box 2115			Street Address P.O. Box 2115					
City Westerly	State RI	^{Zip} 02891	City Wester	у	State RI	^{Zip} 02891		
Secretary Name Paul F. Singer			Treasurer Name Paul F. Singer					
Street Address P.O. Box 2115			Street Address P.O. Box 2115					
^{City} Westerly	State RI	Zip 02891	City Wester	ly	State RI	Zip 02891		
8. List ALL directors (names and	addresses)			Check	the box to ind	icate an attachment		
Director Name Paul F. Singer			Director Nam	8				
Street Address P.O. Box 2115			Street Addres	s				
City Westerly	State RI	Zip 02891	City		State	Zıp		
Director Name			Director Nam	e				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized	1	10. Shares Iss	ued	Check	the box to indi	cate an attachment		
This information is currently of re-	cord in the	NUMBER OF SHARES		CLASS/SERIE		PAR VALUE		
Department of State.		100	•	common] .	no par value		
Changes require an additional filir	ng.							
11. This report must be executed	on behalf of the	corporation by an a	authonzed repre	sentative. If the corpo	oration is in the	hands of a receiver or		
trustee, this report must be exect Under penalty of perjury, I dec					manulas cob	adulas and		
statements, and that all statem	ents contained			micidaling arry accor	npanying scir	eoules and		
Name of Authorized Representat			Date	-				
Paul F. Singer		÷	2/16/2021					
Signature of Authorized Represe	entative							
Jour	l 7. Su	igen	<u> </u>	<u> </u>				
MAIL TO:								

Phone: (401) 222-3040 Website: www.sos.n.gov