



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation

2021

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
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1. Entity ID Number <b>000088878</b>		2. Exact name of the Corporation <b>LT'S ARMSTRONG/GLADDING ASSOCIATION INC</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>CHILDREN AND YOUTH AND SENIOR CITIZENS WITH FINANCIAL SUPPORT</b>	
4. NAICS Code <b>813910</b>			
6. Principal Office Address <b>2 SALEM ST</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02905</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>KENNETH C. REIS JR</b>		Vice-President Name <b>RICHARD GARRETT</b>	
Street Address <b>204 CAMP ST</b>		Street Address <b>87 SIMMONS ST.</b>	
City <b>PROV.</b>	State <b>RI</b>	City <b>PROV</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02909</b>	
Secretary Name <b>WAYNE L. HALL</b>		Treasurer Name <b>JOITANNE P. WASHINGTON</b>	
Street Address <b>5 PLAZA DR.</b>		Street Address <b>79 STEPHEN HOPKINS CT</b>	
City <b>RIVERSIDE</b>	State <b>RI</b>	City <b>PROV.</b>	State <b>RI</b>
Zip <b>02915</b>		Zip <b>02906</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>			
Director Name <b>KENNETH C. REIS JR</b>		Director Name <b>MACON LAWRENCE</b>	
Street Address <b>204 CAMP ST</b>		Street Address <b>37 STANWOOD ST.</b>	
City <b>PROV.</b>	State <b>RI</b>	City <b>PROV.</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02907</b>	
Director Name <b>ERNEST P. GILBERT SR.</b>		Director Name	
Street Address <b>PO BOX 1618</b>		Street Address	
City <b>BOWLING GREEN</b>	State <b>KY</b>	City	State
Zip <b>42102</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<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>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>KENNETH C. REIS JR</b>		Date <b>7/13/2021</b>	
Signature of Officer/Authorized Representative <i>Kenneth C. Reis Jr.</i>		<b>FILED</b>	
		<b>JUL 13 2021</b>	

BY CPMISRS  
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