



State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: 2022
 Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
 FEB 25 2022
 BY *[Signature]*
 STAMP
 REG. DIV. OF STATE
 OFF. BLDG. 100

1. Entity ID Number 1685217		2. Exact name of the Corporation Langford Development Corp.			
3. Principal Office Address 1029 Mendon Rd.			City Cumberland	State RI	Zip 02864
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island To buy, sell, own, develop and manage 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 Peter Bouchard			Vice-President Name Edward Mulholland		
Street Address 1029 Mendon Rd.			Street Address 1029 Mendon Rd.		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Lisa Audette			Treasurer Name Earl Wood		
Street Address 1029 Mendon Rd.			Street Address 1029 Mendon Rd.		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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
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
		100			0
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>Peter Bouchard</i>					Date <i>2/16/22</i>
Signature of Authorized Representative <i>Peter Bouchard</i>					