



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
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 STAMP

JAN 23 2023

BY

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| | | | | | |
|---|-------------|--|---|--------------------|--------------|
| 1. Entity ID Number 527426 | | 2. Exact name of the Corporation LOUIS E. BALDI, INC. | | | |
| 3. Principal Office Address 445 BUDLONG ROAD | | | City CRANSTON | State RI | Zip 02920 |
| 4. NAICS Code 531110 | | 6. Brief description of the character of business conducted in Rhode Island REAL ESTATE | | | |
| 5. State of Incorporation RHODE ISLAND | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name LOUIS E. BALDI | | | Vice-President Name LOUIS E. BALDI | | |
| Street Address 445 BUDLONG ROAD | | | Street Address 445 BUDLONG ROAD | | |
| City CRANSTON | State RI | Zip 02920 | City CRANSTON | State RI | Zip 02920 |
| Secretary Name LOUIS E. BALDI | | | Treasurer Name LOUIS E. BALDI | | |
| Street Address 445 BUDLONG ROAD | | | Street Address 445 BUDLONG ROAD | | |
| City CRANSTON | State RI | Zip 02920 | City CRANSTON | State RI | Zip 02920 |
| 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 | | |
| | | | NONE | | |
| | | | | | |
| | | | | | |
| 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 LOUIS E. BALDI | | | | Date 01/19/2023 | |
| Signature of Authorized Representative <i>Louis E. Baldi</i> | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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