



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.

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DEPT. OF STATE  
MAR 9 2023

2023 MAR -9 P 12:52

1. Entity ID Number <u>000 152770</u>		2. Exact name of the Corporation <u>LTO, LTD.</u>			
3. Principal Office Address <u>19 Winthrop Rd</u>		City <u>WARWICK</u>		State <u>RI</u>	Zip <u>02888</u>
4. NAICS Code <u>424990</u>		6. Brief description of the character of business conducted in Rhode Island <u>Distribution Co</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Kerry C O'NEIL</u>			Vice-President Name		
Street Address <u>19 Winthrop Rd</u>			Street Address		
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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. <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>					
Name of Authorized Representative <u>Kerry C O'NEIL</u>			FILED MAR 09 2023 BY <u>1183</u>		Date <u>3-9-23</u>
Signature of Authorized Representative <u>[Signature]</u>					

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040