



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

APR 12 2023
BY 1831
ES

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

1. Entity ID Number <u>000059764</u>		2. Exact name of the Corporation <u>L. MASCIANKA SALES LTD</u>			
3. Principal Office Address <u>24 LIENA ROSE WAY</u>		City <u>COVENTRY</u>	State <u>R.I</u>	Zip <u>02816</u>	
4. NAICS Code <u>324910</u>		6. Brief description of the character of business conducted in Rhode Island <u>SALES REPRESENTATIVE</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>WALTER MASCIANKA JR</u>			Vice-President Name		
Street Address <u>24 LIENA ROSE WAY</u>			Street Address <u>SAME</u>		
City <u>COVENTRY</u>	State <u>R.I.</u>	Zip <u>02816</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address <u>SAME</u>			Street Address <u>SAME</u>		
City	State	Zip	City	State	Zip
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
			<u>1000</u>	<u>COMMON</u>	<u>\$0</u>
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 <u>WALTER MASCIANKA JR</u>				Date <u>4/3/23</u>	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615