



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2022  
**Corporation**

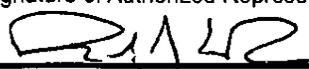
- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**STAMP**

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

FOR  
 SECRETARY OF STATE  
 USE ONLY

2023 APR 17 A 11:29

1. Entity ID Number <b>675986</b>		2. Exact name of the Corporation <b>LT Staffing, Inc.</b>			
3. Principal Office Address <b>373 N. Main St.</b>		City <b>Fall River</b>		State <b>MA</b>	Zip <b>02720</b>
4. NAICS Code <b>561320</b>		6. Brief description of the character of business conducted in Rhode Island <b>Staffing Firm</b>			
5. State of Incorporation <b>MA</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>Ronald J. LePage</b>			Vice-President Name <b>Frank Travassos</b>		
Street Address <b>373 N. Main St.</b>			Street Address <b>373 N. Main St.</b>		
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>
Secretary Name <b>None</b>			Treasurer Name <b>None</b>		
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 <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
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
		<b>200</b>		<b>CNP</b>	<b>0</b>
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 <b>Ronald J. LePage</b>				Date <b>4/17/2023</b>	
Signature of Authorized Representative 					

FILED  
 APR 17 2023  
 BY *[Signature]*  
 11:30

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov