



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

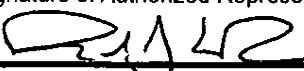
→ Filing period: February 1 - May 1

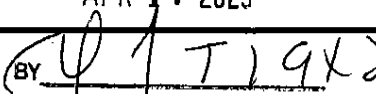
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIVSTAMP
FOR
SECRETARY OF STATE
USE ONLY

2023 APR 17 A 11:29

1. Entity ID Number 675986		2. Exact name of the Corporation LT Staffing, Inc.			
3. Principal Office Address 373 N. Main St.		City Fall River		State MA	Zip 02720
4. NAICS Code 561320		6. Brief description of the character of business conducted in Rhode Island Staffing Firm			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ronald J. LePage			Vice-President Name Frank Travassos		
Street Address 373 N. Main St.			Street Address 373 N. Main St.		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
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 None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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
		200		CNP	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 Ronald J. LePage				Date 4/17/2023	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govAPR 17 2023
BY  T19X2
11:29

FORM 630 - Revised: 2/2023