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.

STAMP

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BUS SVCS DIV
2023 APR 26 A 10:04

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation
000725845	Lourenco Enterprises, Inc.

3. Principal Office Address	City	State	Zip
41 TEX COURT	WARWICK	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
424490	DISTRIBUTOR OF POTATO CHIPS AND SNACK FOODS
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	MICHAEL A. LOURENCO		Vice-President Name	MICHAEL A. LOURENCO	
Street Address	41 TEX COURT		Street Address	41 TEX COURT	
City	WARWICK	State RI Zip 02886	City	WARWICK	State RI Zip 02886
Secretary Name	MICHAEL A. LOURENCO		Treasurer Name	MICHAEL A. LOURENCO	
Street Address	41 TEX COURT		Street Address	41 TEX COURT	
City	WARWICK	State RI Zip 02886	City	WARWICK	State RI Zip 02886

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	COMMON	NO 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.

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	Date
MICHAEL A. LOURENCO, PRESIDENT	4/4/23

Signature of Authorized Representative: Michael A Lourenco

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

FORM 630 - Revised: 2/2023