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## State of Rhode Island

## **Department of State - Business Services Division**

Annual	Report for	the	year:	
Corpor	ation '			

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty:	Additional \$25	.00 fee if form	is not filed b	y May 31.
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Penalty: Additional \$25.00 fe	ee if form is not fil	ed by May 31.		<del></del> .			
Entity ID Number	2. Exact name of the Corporation						
000127432	Land Protection, Inc.						
3. Principal Office Address			City		State		Zip
P.O. Box 2115			Weste	rly	RI		02891
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
531390	Land Preser	vation and Pr	otection				
5. State of Incorporation							
RI							
7. List ALL officers (names and add	resses)		T	Check the b	ox to indi	cate an atta	schment 🔲
President Name Paul F. Singer			Vice-President Name Paul F. Singer				
Street Address P.O. Box 2115			Street Addr	P.O. Box 2115			
<sup>City</sup> Westerly	State RI	<sup>Z<sub>ip</sub></sup> 02891		terly	State	RI	Zip 02891
Secretary Name Paul F. Singer			Treasurer Name Paul F. Singer				
Street Address P.O. Box 2115			Street Address P.O. Box 2115				
<sup>City</sup> Westerly	State RI	<sup>Zip</sup> 02891			State	RI	<sup>Zip</sup> 02891
8. List ALL directors (names and ad	dresses)		•	Check the b	ox to indi	cate an atta	achment 🔲
Paul F. Singer			Director Name				
Street Address P.O. Box 2115			Street Address				
<sup>City</sup> Westerly	State RI	<sup>Zip</sup> 02891	City		State		Zip
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	<u> </u>	State		Zıp
9. Shares Authorized							
This information is currently of record in the Department of State.		NUMBER OF SH			<u>S</u>	PAR VALUE	
·		1010		common		no par value	
Changes require an additional filing.							
11. This report must be executed or		•	-	•	oration is	in the hand	s of a re-
ceiver 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 statemen	its contained her			and any accord		,	
Name of Authorized Representative				Date			
Paul F. Singer					Jani	uary 26,	2024
Signature of Authorized Representa	) <b>\</b>						
<u> </u>		<b>\</b>					-

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.n.gov