



State of Rhode Island  
Department of State - Business Services Division

FILED

Annual Report for the year: 2024

Corporation

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

FEB 22 2024  
BY 1050

1. Entity ID Number 000577247		2. Exact name of the Corporation L&S MAINTENANCE CO INC			
3. Principal Office Address 27 NOTRE DAME STREET			City CENTRAL FALLS	State RI	Zip 02863
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL & RESIDENTIAL CLEANING, MAINTENANCE AND LANDSCAPING.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name LUCIANO SILVA			Vice-President Name NONE		
Street Address 27 NOTRE DAME STREET			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
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 LUCIANO SILVA			Director Name NONE		
Street Address 27 NOTRE DAME STREET			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		10,000	STOCK	\$0.01	
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 LUCIANO SILVA, PRESIDENT				Date 2-15-2024	
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.gov