RI SOS Filing Number: 202447186510 Date: 2/23/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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.

FILED
FEB 23 2024
BY 20059

1. Entity ID Number	2. Exact name of the Corporation
000035774	Littlefield & Sons, Ltd.

3. Principal Office Address	City	State	Zip
49 Old Town Road	Block Island	RI	02807

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
454310	LP Gas Distributor - Sales/Service
5. State of Incorporation	
RI	

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

President Name: Everett R. Littlefield, Jr.			Vice-President Name: Heather Russo Littlefield		
Street Address: 49 Old Town Road			Street Address: 49 Old Town Road		
City: Block Island	State: RI	Zip: 02807	City: Block Island	State: RI	Zip: 02807
Secretary Name: Everett R. Littlefield, Jr.			Treasurer Name: Heather Russo Littlefield		
Street Address: 49 Old Town Road			Street Address: 49 Old Town Road		
City: Block Island	State: RI	Zip: 02807	City: Block Island	State: RI	Zip: 02807

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.	1,000	STK	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
	X 2/28/2024
Signature of Authorized Representative	
X	

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: 12/2023