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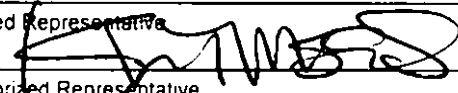
**State of Rhode Island
Department of State - Business Services Division**

FILED

Annual Report for the year: 2024
Corporation

MAR 19
BY 1222

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

1. Entity ID Number 000675986		2. Exact name of the Corporation LT STAFFING, INC.			
3. Principal Office Address 373 NORTH MAIN STREET			City FALL RIVER	State MA	Zip 02720
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island STAFFING INDUSTRY			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name RONALD J. LEPAGE			Vice-President Name		
Street Address 105 WILLIAM STREET			Street Address		
City SOUTH DARTMOUTH	State MA	Zip 02748	City	State	Zip
Secretary Name			Treasurer Name FRANK TRAVASSOS		
Street Address			Street Address 567 MAIN STREET		
City	State	Zip	City SOMERSET	State MA	Zip 02726
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name RONALD J LEPAGE			Director Name FRANK TRAVASSOS		
Street Address 105 WILLIAM STREET			Street Address 567 MAIN STREET		
City SOUTH DARTMOUTH	State MA	Zip 02748	City SOMERSET	State MA	Zip 02726
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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		COMMON	0
* 1 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 3/13/24
Signature of Authorized Representative FRANK TRAVASSOS					

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