

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period February 1 - May 1

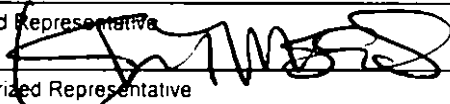
→ Filing Fee \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

FILED

MAR 18 2024

BY 1222

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			
5. State of Incorporation MA		STAFFING INDUSTRY			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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 <input type="checkbox"/>
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		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES COMMON	PAR VALUE 0
<p>*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.</p> <p>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.</p>					
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

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