



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

MAR 20 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.

5243⁰²

1. Entity ID Number 19728		2. Exact name of the Corporation William Leo & Sons, Inc.			
3. Principal Office Address 115 Onset Street			City Warwick	State RI	Zip 02886
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island Cleaning and sanitizing liquid container truck carriers			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James J. Leo			Vice-President Name Susanne Marie Connors-Leo		
Street Address 115 Onset Street			Street Address 115 Onset Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Susanne Marie Connors-Leo			Treasurer Name James J. Leo		
Street Address 115 Onset Street			Street Address 115 Onset Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James J. Leo			Director Name Susanne Marie Connors-Leo		
Street Address 115 Onset Street			Street Address 115 Onset Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			78	A Common	No par value
			5972	B Common	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 James J. Leo					Date 3-11-2024
Signature of Authorized Representative <i>James J. Leo</i>					

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