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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.

1. Entity ID Number 000148943		2. Exact name of the Corporation A&A Landmark, Inc.	
3. Principal Office Address 233 Newell Road		City Holden	State MA
		Zip 01520	
4. NAICS Code 531390	5. Brief description of the character of business conducted in Rhode Island Owning, Leasing and Managing Real Estate		
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 Thomas P. Vuong		Vice-President Name Helouise Vuong	
Street Address 233 Newell Road		Street Address 233 Newell Road	
City Holden	State MA	City Holden	State MA
	Zip 01520		Zip 01520
Secretary Name		Treasurer Name Helouise Vuong	
Street Address		Street Address 233 Newell Road	
City	State	City Holden	State MA
	Zip		Zip 01520
8. List ALL directors (names and addresses): <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		100	CNP
			0
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 Thomas P. Vuong		Date 4/10/2024	
Signature of Authorized Representative 		FILED	

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

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FORM 630 - Revised: 12/2023