

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

REC'D RIDOS BSD
 24 MAY 30 PM 2:48:53

Annual Report for the year: 2024
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000136957		2. Exact name of the Corporation Lead Safe Inspections and Consulting, Inc.			
3. Principal Office Address PO Box 96			City Lincoln	State RI	Zip 02865
4. NAICS Code 562910		6. Brief description of the character of business conducted in Rhode Island Environmental Lead Inspections			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sharon L. Barr			Vice-President Name John D. Barr, II		
Street Address 14 Sir Charles Road			Street Address 14 Sir Charles Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name John D. Barr, II			Treasurer Name Sharon L. Barr		
Street Address 14 Sir Charles Road			Street Address 14 Sir Charles Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sharon L. Barr			Director Name John D. Barr		
Street Address 14 Sir Charles Road			Street Address 14 Sir Charles Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		No Par
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 John D. Barr, II				Date 3/19/24	
Signature of Authorized Representative <i>John D Barr II</i>				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

MAY 30 2024
 BY 655EZ