



State of Rhode Island
Department of State - Business Services Division

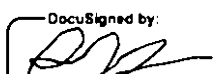
Annual Report for the year: 2024

Corporation

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

STAMP

REC'D RIDOS BSD
25 JAN 8 PM 2:51:31
SECRETARY OF STATE
OFFICE

1. Entity ID Number 000017898		2. Exact name of the Corporation LANDEX CORPORATION			
3. Principal Office Address 801 INTERNATIONAL DRIVE, SUITE 110			City LINTHICUM	State MD	Zip 21090
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island OPERATE AND MAINTAIN A REAL ESTATE CONSULTING BUSINESS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name PETER SIEGEL			Vice-President Name None		
Street Address 801 INTERNATIONAL DRIVE, SUITE 110			Street Address None		
City LINTHICUM	State MD	Zip 21090	City None	State None	Zip None
Secretary Name JUDITH SIEGEL			Treasurer Name PETER SIEGEL		
Street Address 801 INTERNATIONAL DRIVE, SUITE 110			Street Address 801 INTERNATIONAL DRIVE, SUITE 110		
City LINTHICUM	State MD	Zip 21090	City LINTHICUM	State MD	Zip 21090
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name JUDITH SIEGEL			Director Name None		
Street Address 801 INTERNATIONAL DRIVE, SUITE 110			Street Address None		
City LINTHICUM	State MD	Zip 21090	City None	State None	Zip None
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
9. Shares Authorized Check the box to indicate an attachment					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			60	CNP A	0
			1940	CNP B	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 PETER SIEGEL				Date 12/11/2024	
Signature of Authorized Representative 					

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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