



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1 **ADDS (MAD) - SUBSTANTIVE EDITS**
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 16 2025

BY 8359  
EG

1. Entity ID Number 000527426		2. Exact name of the Corporation LOUIS E. BALDI, INC.			
3. Principal Office Address 445 BUDLONG ROAD			City CRANSTON	State RI	Zip 02920
4. NAICS Code 52110		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name LOUIS E. BALDI			Vice-President Name LOUIS E. BALDI		
Street Address 445 BUDLONG ROAD			Street Address 445 BUDLONG ROAD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name LOUIS E. BALDI			Treasurer Name LOUIS E. BALDI		
Street Address 445 BUDLONG ROAD			Street Address 445 BUDLONG ROAD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			NONE		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.					
<b>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.</b>					
Name of Authorized Representative LOUIS E. BALDI				Date 01/13/2025	
Signature of Authorized Representative <i>Louis E. Baldi</i>					

MAIL TO:  
Division of Business Services  
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