



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2025**

Corporation

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

**FILED**  
FEB 11 2025  
BY **3039**

1. Entity ID Number <b>164376</b>		2. Exact name of the Corporation <b>Liberty Remodel and Removal, Inc.</b>									
3. Principal Office Address <b>23D Harrington Road</b>			City <b>Foster</b>	State <b>RI</b>	Zip <b>02831</b>						
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island <b>Building and Remodeling</b>									
5. State of Incorporation <b>Rhode Island</b>											
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>											
President Name <b>Paul Lombardi</b>			Vice-President Name <b>Linda Lombardi</b>								
Street Address <b>23D Harrington Road</b>			Street Address <b>23D Harrington Road</b>								
City <b>Foster</b>	State <b>RI</b>	Zip <b>02831</b>	City <b>Foster</b>	State <b>RI</b>	Zip <b>02831</b>						
Secretary Name <b>Linda Lombardi</b>			Treasurer Name <b>Paul Lombardi</b>								
Street Address <b>23D Harrington Road</b>			Street Address <b>23D Harrington Road</b>								
City <b>Foster</b>	State <b>RI</b>	Zip <b>02831</b>	City <b>Foster</b>	State <b>RI</b>	Zip <b>02831</b>						
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>											
Director Name <b>Paul Lombardi</b>			Director Name <b>None</b>								
Street Address <b>23D Harrington Road</b>			Street Address								
City <b>Foster</b>	State <b>RI</b>	Zip <b>02831</b>	City	State	Zip						
Director Name <b>None</b>			Director Name <b>None</b>								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized <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.			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>								
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td><b>100</b></td> <td><b>Common</b></td> <td><b>No Par Value</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>Common</b>	<b>No Par Value</b>
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<b>100</b>	<b>Common</b>	<b>No Par Value</b>									
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 <b>Paul Lombardi</b>				Date <b>2-6-25</b>							
Signature of Authorized Representative <i>Paul Lombardi</i>											