



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
MAR 06 2025
BY 1311 *02*

1. Entity ID Number 001676216		2. Exact name of the Corporation Lafayette and Cross Company												
3. Principal Office Address 345 Woodland Avenue			City Seekonk	State MA	Zip 02771									
4. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island Property management, minor construction and for all other related purposes.												
5. State of Incorporation MA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Paul Jankowski			Vice-President Name											
Street Address 345 Woodland Avenue			Street Address											
City Seekonk	State MA	Zip 02771	City	State	Zip									
Secretary Name Paul Jankowski			Treasurer Name Donna Jankowski											
Street Address 345 Woodland Avenue			Street Address 345 Woodland Avenue											
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Paul Jankowski			Director Name											
Street Address 345 Woodland Avenue			Street Address											
City Seekonk	State RI	Zip 02771	City	State	Zip									
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.			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align:center">NUMBER OF SHARES</th> <th style="text-align:center">CLASS/SERIES</th> <th style="text-align:center">PAR VALUE</th> </tr> <tr> <td style="text-align:center">100</td> <td style="text-align:center">common</td> <td style="text-align:center">no par value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	common	no par value			
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100	common	no 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. 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 Paul Jankowski					Date 3-2-25									
Signature of Authorized Representative <i>Paul Jankowski</i>														

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov