State of Rhode Island
Department of State - Business Services Division

FILED
MAR 0 6 2025
BY 311

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.

1. Entity ID Number	2. Exact name of the Corporation			
001676216	Lafayette and Cross Company			
3. Principal Office Address		City	State	Zip
345 Woodland Avenue		Seekonk	MA	02771
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531311	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 ☐

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 ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
Paul Jankowski	3-2-25

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

FORM 630- Revised 12/2023