RI SOS Filing Number: 202568074170 Date: 3/20/2025 4:00:00 PM

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 20 2025
BY 22627

1. Entity ID Number	2. Exact name of the Corporation		
000035774	Littlefield & Sons, Ltd.		
3. Principal Office Address	City	State	Zip
49 Old Town Road	Block Island	RI	02807
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
454310	LP Gas Distributor - Sales/Service		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Everett R. Littlefield, Jr.	49 Old Town Road	Block Island	RI	02807

Vice-President Name	Street Address	City	State	Zip
Heather Russo Littlefield	49 Old Town Road	Block Island	RI	02807

Secretary Name	Street Address	City	State	Zip
Everett R. Littlefield, Jr.	49 Old Town Road	Block Island	RI	02807

Treasurer Name	Street Address	City	State	Zip
Heather Russo Littlefield	49 Old Town Road	Block Island	RI	02807

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000	STK	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
Everett R. Littlefield, Jr.	X 3/19/25

Signature of Authorized Representative
X

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