



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 28 2025

BY

10969

1. Entity ID Number 001685039		2. Exact name of the Corporation L & C MAINTENANCE & CLEANING INC												
3. Principal Office Address 74 WEST MAIN ROAD			City MIDDLETOWN	State RI	Zip 02842									
4. NAICS Code 56220		6. Brief description of the character of business conducted in Rhode Island JANITORIAL SERVICES												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name LUIS CATALAN			Vice-President Name											
Street Address 74 WEST MAIN			Street Address											
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
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 Check the box to indicate an attachment: ☐												
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS-SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>75</td> <td>CNP</td> <td>00.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS-SERIES	PAR VALUE	75	CNP	00.00			
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75	CNP	00.00												
Changes require an additional filing.														
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 LUIS CATALAN				Date 3-21-25										
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.n.gov