



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.

REC'D RIDOS BSD  
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1. Entity ID Number <b>87148</b>		2. Exact name of the Corporation <b>Landmark Facilities Group Inc.</b>			
3. Principal Office Address <b>252 East Avenue</b>			City <b>Norwalk</b>	State <b>CT</b>	Zip <b>06855</b>
4. NAICS Code <b>541330</b>		6. Brief description of the character of business conducted in Rhode Island <b>Professional engineering firm providing Mechanical, Electrical, Plumbing, Fire Protection and Life Safety services.</b>			
5. State of Incorporation <b>CT</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>Thomas E. Newbold</b>			Vice-President Name <b>Richard Sileo</b>		
Street Address <b>252 East Avenue</b>			Street Address <b>252 East Avenue</b>		
City <b>Norwalk</b>	State <b>CT</b>	Zip <b>06855</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip <b>06855</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>Eleanor Lynn</b>			Director Name		
Street Address <b>252 East Avenue</b>			Street Address		
City <b>Norwalk</b>	State <b>CT</b>	Zip <b>06855</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <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.			NUMBER OF SHARES		
Changes require an additional filing.			CLASS/SERIES		
			PAR VALUE		
			<b>20,000</b>		
			<b>0</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.					
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 <b>Lorraine Vega</b>				Date <b>4-9-2025</b>	
Signature of Authorized Representative 					

FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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BY AA 11:25 AM  
FORM 630- Revised: 12/2023