



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
STATE OF RHODE ISLAND
25 APR 10 AM 11:21:16

1. Entity ID Number 87148		2. Exact name of the Corporation Landmark Facilities Group Inc.									
3. Principal Office Address 252 East Avenue			City Norwalk	State CT	Zip 06855						
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Professional engineering firm providing Mechanical, Electrical, Plumbing, Fire Protection and Life Safety services.									
5. State of Incorporation CT											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Thomas E. Newbold			Vice-President Name Richard Sileo								
Street Address 252 East Avenue			Street Address 252 East Avenue								
City Norwalk	State CT	Zip 06855	City Norwalk	State CT	Zip 06855						
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 <input type="checkbox"/>											
Director Name Eleanor Lynn			Director Name								
Street Address 252 East Avenue			Street Address								
City Norwalk	State CT	Zip 06855	City	State	Zip						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>20,000</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	20,000		0
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20,000		0									
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 Lorraine Vega				Date 4-9-2025							
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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FORM 630- Revised: 12/2023