



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

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

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STAMP

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"/>	
		NUMBER OF SHARES 20,000	CLASS/SERIES	PAR VALUE 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 					

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

FILED

APR 10 2025
BY **ZIXOX**

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FORM 630- Revised: 12/2023