



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

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1. Entity ID Number 001742653		2. Exact name of the Corporation LTD Refreshments, Inc.			
3. Principal Office Address 55 Middlesex Street, Suite #230			City North Chelmsford	State MA	Zip 01863
4. NAICS Code 454210		6. Brief description of the character of business conducted in Rhode Island Vending and office coffee			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Erich Markee			Vice-President Name N/A		
Street Address 9 Kerry Drive			Street Address		
City Newton	State NH	Zip 03858	City	State	Zip
Secretary Name Chris O'Neil			Treasurer Name Chris O'Neill		
Street Address 13 Pine Woods Road			Street Address 13 Pine Woods Road		
City East Kingston	State Nh	Zip 03827	City East Kingston	State NH	Zip 03827
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Erich Markee			Director Name Chris O'Neil		
Street Address 9 Kerry Drive			Street Address 13 Pine Woods Road		
City Newton	State NH	Zip 03858	City East Kingston	State NH	Zip 03827
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES	CLASS-SERIES	PAR VALUE
			275,000	CNP	No Par
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 Chris O'Neil				Date 8/14/2025	
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

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 BY WFWKE
 FORM 630 - Revised 12/2023