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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2025 AUG 18 A 11:10

1. Entity ID Number	2. Exact name of the Corporation		
001742653	LTD Refreshments, Inc.		
3. Principal Office Address	City	State	Zip
55 Middlesex Street, Suite #230	North Chelmsford	MA	01863
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
454210	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	Street Address	City	State	Zip
Erich Markee	9 Kerry Drive	Newton	NH	03858

Vice-President Name	Street Address	City	State	Zip
N/A				

Secretary Name	Street Address	City	State	Zip
Chris O'Neil	13 Pine Woods Road	East Kingston	Nh	03827

Treasurer Name	Street Address	City	State	Zip
Chris O'Neill	13 Pine Woods Road	East Kingston	NH	03827

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Erich Markee	9 Kerry Drive	Newton	NH	03858
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Chris O'Neil	13 Pine Woods Road	East Kingston	NH	03827
Director Name	Street Address	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Chris O'Neil	8/14/2025

Signature of Authorized Representative

FILED
AUG 18 2025
BY IN Fwke

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

FORM 630- Revised 12/2023