



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

STAMP
 JAN 06 2020

Annual Report for the year: 2020
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 141

1. Entity ID Number 24893		2. Exact name of the Corporation LENGTTON REALTY INC.			
3. Principal Office Address 54 MAUREEN DR.		City SMITHFIELD		State RI	Zip 02917
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island RENTAL OF BUILDING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN LUCA			Vice-President Name JUDY LUCA		
Street Address 9 MONTICELLO ST.			Street Address 9 MONTICELLO ST.		
City N. PROV.		State RI	Zip 02904	City N. PROV.	
State RI		Zip 02904		State RI	
Secretary Name CATHERINE ARRUONA			Treasurer Name JOSEPH ARRUONA		
Street Address 54 MAUREEN DR.			Street Address 54 MAUREEN DR.		
City SMITHFIELD		State RI	Zip 02917	City SMITHFIELD	
State RI		Zip 02917		State RI	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
9. Shares Authorized					
10. Shares Issued 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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	CNP	0.000
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 CATHERINE ARRUONA				Date 1/3/20	
Signature of Authorized Representative 				SIGNATURE HERE	

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