



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

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Annual Report for the year: **2022**
 Corporation

2022 MAR 18 P. 2:20
UNIT ONLY

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

1. Entity ID Number 000725845		2. Exact name of the Corporation Lourenco Enterprises, Inc.			
3. Principal Office Address 41 Tex Court		City Warwick		State RI	Zip 02886
4. NAICS Code 424490	6. Brief description of the character of business conducted in Rhode Island Distributor of Potato Chips & Snack Foods				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael A. Lourenco			Vice-President Name Michael A. Lourenco		
Street Address 41 Tex Court			Street Address 41 Tex Court		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Michael A. Lourenco			Treasurer Name Michael A. Lourenco		
Street Address 41 Tex Court			Street Address 41 Tex Court		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	
		100	Common	No Par Value	
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 Michael A. Lourenco, President				Date 3/6/2022	
Signature of Authorized Representative 				SIGN DOCUMENT HERE 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

MAR 18 2022
 BY 2454