

REC'D RIDOS BSD
24 APR 8 AM 9:37:01



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

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 AND 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 3/10/24
Signature of Authorized Representative 					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

APR 08 2024
BY WZDCZ
19