

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

**FILED**

DEC 12 2018

Annual Report for the year: 2019  
 Corporation

BY 10793  
MOA

- 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 000157452		2. Exact name of the Corporation LP INNOVATIONS, INC.			
3. Principal Office Address 111 SPEEN STREET SUITE 550			City FRAMINGHAM	State MA	Zip 01701
4. NAICS Code 561600		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation DE		SECURITY SYSTEM INST			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Mark Simson			Vice-President Name		
Street Address 37 Birch St			Street Address		
City Milford	State MA	Zip 01757	City	State	Zip
Secretary Name Elizabeth Marx Wereldart			Treasurer Name John Fice		
Street Address 37 Birch St			Street Address 37 Birch St		
City Milford	State MA	Zip 01757	City Milford	State MA	Zip 01757
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Mark Simson			Director Name		
Street Address 37 Birch St			Street Address		
City Milford	State MA	Zip 01757	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	
		400		Common	
		PAR VALUE		01	
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.					
<b>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.</b>					
Name of Authorized Representative					Date 11/30/18
Signature of Authorized Representative MIKE MAY					

**MAIL TO:**  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2615  
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