



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
118 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 62331		2. Name of Corporation L & M MANAGEMENT, INC.	
3. Street Address Principal Business Office 155 Jenckes Hill Road		City Lincoln	State RI
4. Business Phone No. (401) 723-4460		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, SELL, OWN AND MANAGE REAL ESTATE.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name MICHEL G. LAMBERT		Vice President Name LUC M. LAMBERT	
Street Address 155 Jenckes Hill Road		Street Address 60 Madeira Avenue	
City Lincoln	State RI	City Central Falls	State RI
Zip 02865		Zip 02863	
Secretary Name MICHEL G. LAMBERT		Treasurer Name LUC M. LAMBERT	
Street Address 155 Jenckes Hill Road		Street Address 60 Madeira Avenue	
City Lincoln	State RI	City Central Falls	State RI
Zip 02865		Zip 02863	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name MICHEL G. LAMBERT		Director Name LUC M. LAMBERT	
Street Address 155 Jenckes Hill Road		Street Address 60 Madeira Avenue	
City Lincoln	State RI	City Central Falls	State RI
Zip 02865		Zip 02863	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED 300, COMMON, NO PAR VALUE		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 200	Class Series COMMON
		Par Value NO PAR VALUE	

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.

FILED

File Date **FEB 02 2010**

Check No. **30 2123**

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Michel G. Lambert **2/1/10**
Signature Date

MICHEL G. LAMBERT

Print or Type Name

PRESIDENT

Title