

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011 401.222.30 Filling Period: January 1 - March 1 • Filling 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(e&d)) is subject to a penalty fee of \$25.00.

subject to a penalty fee of \$2	5.00.		- , , , , , , , , , , , , , , , , , , ,		(R.I.G.L. 7-1.2-1501(cord)) is
1. Corporate ID No. 71315	2. Name of Co B & M CL	Corporation  LAMBAKE COMPANY, INC.			
3. Street Address Principal L 560 York Avenue	Business Office	,,,,	City Pawtucket	State Rhode Island	Zip
4. Business Phone No. 5. State of Incorporation 401-723-4180			Allode Island	02861	
6. Brief Description of the Character of Business Conducted in Phode Island					
Catering business					
		ICERS: ("X" BOX FOR ATT	ACHMENT) [] FILL IN	SPACES BEFORE USING A	TTACHMENTS
Michael T. Doherty			None		
560 York Avenue			Street Address		
City Pawtucket	State RI	7.1p 02861	Ciù	State	Zip
Secretary Name Brian S. Doherty			Treasurer Name Brian S. Doherty		
Street Address 560 York Avenue			Street Address 560 York Avenue		
Pawtucket	State Ri	スφ 02861	<sup>City</sup> Pawtucket	State RI	Zip 02861
Director Name  Brian S. Doherty	ESSES OF THE DIRE	CTORS: ("X" BOX FOR AT	: Director Name	N SPACES BEFORE USING	ATTACHMENTS
Street Address			Michael T. Doherty Street Address		
560 York Avenue			560 York Avenue		
Pawtucket	State   RI	02861	Gity	State	Zip
Director Name	·····		Pawtucket Director Name	[RI	[02861
Street Address			Character 111		
City			Street Address		
c.n.j.	State	Zip	City	State	Zip
9. SHARES AUTHORIZE	ED '	ı	10. SHARES ISSUED	 ("X" BOX FOR ATTACHM TION MUST BE COMPLETED	(ENT)
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.			Number of Shares	Class/Series	Par Value
			200	common	no par
This report must be exec	cuted on behalf of the	corporation by an authorize	d representative. If the co	proportion in in the least of	. ,
his report must be execu	uted on behalf of the	corporation by the receiver (	or trustee.	orporation is in the hands of	a receiver or trustee,
	FILED				
	IILLU		Under penalty of pe	rjury. I declare and affirm that	I hove a service and h
FI	B 17 2011		including any according contained herein are	npanying schedules and statem	ents, and that all statements
File Date	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		1 1 1 1	LIM Z	19/11
Check No. By	<u>648</u>		Signature		Date .
20.			Brian	S. Duherky	
Ву:		bold water:	тин от туре мате		
FOR SECRETARY O	F STATE USE ONLY		<u> 71145./</u>	<b>Σ</b> Υ ( .	