

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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**LOGOUT**

**Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*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.*

 Help with this form

**ANNUAL REPORT YEAR:** 2012

**1. Corporate ID No.** 000065186

**2. Name of Corporation** LANES VARIETY, INC.

**3. Street Address Principal Business Office:**

No. and Street: 11 LAUREL HILL DRIVE

City or Town: SMITHFIELD

State: RI

Zip: 02917

Country: USA

**4. Business Phone No.**

1401-231-8142

**5. State of Incorporation**

State: RI

**FILED**  
DEC 30 2011

*W 2078*

**6. Brief Description of the Character of Business Conducted in Rhode Island**

CONVENIENCE STORE, RETAIL

**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

| Delete                   | Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip<br>Code, Country |
|--------------------------|-----------|--|---|
| <input type="checkbox"/> | PRESIDENT | PASQUALE LANFREDI                              | 11 LAUREL HILL DRIVE<br>SMITHFIELD, RI 02917 USA              |

Select From Below  Title:

First Name: Middle Name: Last Name: Suffix:  
 Address: City: State: Zip: Country:

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br><i>Number of Shares</i> | Total Issued and Outstanding<br><i>Num of Shares</i> |
|----------------|-----------------|---------------------|--|--|
| CNP            |                 | \$0.00              | 1,000.00   | 1,000.00   |

9. 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**

**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: Pasquale Lanfredi

DEC 30 2011

65186

Business Name: Lanes Variety, Inc.

No. and Street: 11 Laurel Hill Drive

- Same Address as -

City or Town: Smithfield

State: RI

Zip: 02917

Country: USA

Contact Phone: 401-231-8142 ext:

Contact Email: n/a

Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

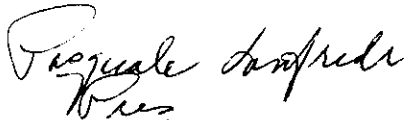
Signed this 29 Day of December, 2011 at 3:34:54 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By

Signature of Authorized Representative of the Corporation

President

Title



This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of this

Accept

Decline

Click HERE to Submit This Information

FILED

Form No. 630  
Revised 09/07

DEC 30 2011

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Help