



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000099116		2. Exact name of the Corporation Lucre, Inc.			
3. Principal office address 345 South Main Street		City Providence	State RI	Zip 02903	
4. Business Phone No. (401) 421-3330		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island To Provide Financial Consulting Services.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joseph D. Meddings			Vice-President Name N/A		
Street Address 345 South Main Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Joseph D. Meddings			Treasurer Name Joseph D. Meddings		
Street Address 345 South Main Street			Street Address 345 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph D. Meddings			Director Name N/A		
Street Address 345 South Main Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2,000	Common	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.

File Date _____

Check No _____

By: _____

FILED

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.

Signature of Authorized Representative

Date

Joseph D. Meddings

Print or Type Name of Authorized Representative

NOV 08 2012

1.43

BY 182943

fmc

2012 NOV -8 PM 1:43
CORPORATIONS DIV