



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 2013

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. 140532		2. Exact name of the Corporation RHODE ISLAND LEAD TECHNICIANS, INC.								
3. Principal office address 2626 RIVERSIDE AVE.			City SOMERSET	State MA	Zip 02726					
4. Business Phone No.			5. State of Incorporation RHODE ISLAND							
6. Brief description of the character of business conducted in Rhode Island To maintain, operate and manage an agency to conduct inspections of both residential and commercial real estate, to train individuals to conduct the same together with any other legally related endeavor.										
President Name KENT ACKLEY			Vice-President Name KENT ACKLEY							
Street Address 2626 RIVERSIDE AVE.			Street Address 2626 RIVERSIDE AVE.							
City SOMERSET	State RI	Zip 02726	City SOMERSET	State MA	Zip 02726					
Secretary Name KENT ACKLEY			Treasurer Name KENT ACKLEY							
Street Address 2626 RIVERSIDE AVE.			Street Address 2626 RIVERSIDE AVE.							
City SOMERSET	State MA	Zip 02726	City SOMERSET	State MA	Zip 02726					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name KENT ACKLEY			Director Name							
Street Address 2626 RIVERSIDE AVE.			Street Address							
City SOMERSET	State MA	Zip 02726	City	State	Zip					
Director Name			Director Name							
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		
						100	COMMON	NO PAR		

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 _____
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 28 2013

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]
 Signature of Authorized Representative

1/31/13
 Date

BY 5816 **KENT ACKLEY**

Print or Type Name of Authorized Representative