

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 2014

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

		LE THIS REPORT BY M	ARCH 31 WILL RESU	JLT IN A \$2	5.00 PEN	ALTY FEE.
1. Entity ID No. 2. Exact name of the Corporation LUMEL ENTERPRISES, I			NC.			
24215	LOWIEL	ENTERPRISES, I	INC.			
3. Principal office address 22 Stoney Drive			City North Smithfield		State RI	Zip 02896
4. Business Phone No. (401) 828-4100			5. State of Incorporation Rhode Island			
6. Brief description of the cha REAL ESTATE INVES		s conducted in Rhode Island	I			
TALEST ALL OFFICERS (NA	MES AND ADDR	ESSES) ("X" BOX FOR A	тасниент 🗀 👈 🔠		Market Press	(4/4/C) X + X + 4/4 ()
President Name Gail M. Mey			Vice-President Name Denise A. Larson			
Street Address 22 Stoney Drive			Street Address 22 Stoney Drive			
City North Smithfield	State RI	Zip 02896	City North Smithfield State RI			Zip 02896
Secretary Name Gail M. Mey	Treasurer Name Denise A. Larson					
Street Address 22 Stoney Drive			Street Address 22 Stoney Drive			
City North Smithfield	State RI	Zip 02896	City North Smithfield		State RI	Zip 02896
8. LIST ALL DIRECTORS (VAMES AND ADD	RESSES) ("X" BOX FOR				
Director Name Gail M. Mey			Denise A. Larson			
Street Address 22 Stoney Drive			Street Address 22 Stoney Drive			
City North Smithfield	State RI	Zip 02896	City North Smithfield RI		State RI	Zip 02896
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX	OR ATTAC	HMENT)
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SER	IES	PAR VALUE
			100	С	lass A	No Par
			900	Class B		No Par
This report must be execute	d on behalf of the this report mu	corporation by an authorize st be executed on behalf of	nd representative. If the co the corporation by the re	orporation is eceiver or tru	in the hand stee.	is of a receiver or trustee,

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File Date	
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Form No. 630 Revised: 01/2012 FILEL

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Under penalty of perjury, I declare and affirm that I have examined this 'epott' including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

Gail M. Mey

Print or Type Name of Authorized Representative