



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

1. Entity ID No. 115433		2. Exact name of the Corporation LORI INVESTMENTS, INC.			
3. Principal office address PO BOX 5892			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 401-641-5214			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL, LEASE, REPAIR, REHABILITATE ADN OTHERWISE INVEST IN REAL ESTATE					
President Name MICHAEL J. RILEY, JR.			Vice-President Name MICHAEL J. RILEY, JR.		
Street Address PO BOX 5892			Street Address PO BOX 5892		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name JOY RILEY			Treasurer Name MICHAEL J. RILEY, JR.		
Street Address PO BOX 5892			Street Address PO BOX 5892		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
7. LIST ALL DIRECTORS (NAME AND ADDRESS ONLY - PO BOX FOR MAILING ONLY)					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. SHARES AUTHORIZED					
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	NONE	

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 14 2014
 1087

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 2/7/14
MICHAEL J. RILEY, JR., PRESIDENT
 Print or Type Name of Authorized Representative