



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. 17675		2. Exact name of the Corporation LANMAR CORPORATION			
3. Principal office address 362 CENTRAL AVENUE			City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. (401) 723-4012			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island OWNING, LAND, ERECTING BUILDINGS THEREON AND RENTING OR LEASING THE SAME, ETC.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name BERNARD R. MARTIN			Vice-President Name CHRISTOPHER J. B. MARTIN		
Street Address 362 CENTRAL AVENUE			Street Address 362 CENTRAL AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name BERNARD R. MARTIN			Treasurer Name BERNARD R. MARTIN		
Street Address 362 CENTRAL AVENUE			Street Address 362 CENTRAL AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name BERNARD R. MARTIN			Director Name CHRISTOPHER J. B. MARTIN		
Street Address 362 CENTRAL AVENUE			Street Address 362 CENTRAL AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Director Name NONE			Director Name NONE		
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 26 2014

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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

BERNARD R. MARTIN

Print or Type Name of Authorized Representative

LANMAR CORPORATION

ENTITY ID: 17695

2014 ANNUAL REPORT

ADDITIONAL OFFICERS:

ASSISTANT SECRETARY: JACQUELINE SPICOLA
362 CENTRAL AVENUE
PAWTUCKET, RI 02860

ASSISTANT TREASURER: JACQUELINE SPICOLA
362 CENTRAL AVENUE
PAWTUCKET, RI 02860

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BY ED 17675