



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 2015

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. 151704		2. Exact name of the Corporation Lane Enterprises Inc.			
3. Principal office address 2081 Diamond Hill Road			City Cumberland	State RI	Zip 02864
4. Business Phone No. (401) 334-2070		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Martial Arts Instuction					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Linda S. Lane			Vice-President Name Jeffrey P. Lane		
Street Address 5 Hampshire Court			Street Address 5 Hampshire Court		
City Norton	State MA	Zip 02766	City Norton	State MA	Zip 02766
Secretary Name Linda S. Lane			Treasurer Name Linda S. Lane		
Street Address 5 Hampshire Court			Street Address 5 Hampshire Court		
City Norton	State MA	Zip 02766	City Norton	State MA	Zip 02766
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Linda S. Lane			Director Name		
Street Address 5 Hampshire Court			Street Address		
City Norton	State MA	Zip 02766	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	\$0.01

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
JAN 16 2015
BY 2578

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.

Linda S. Lane
 Signature of Authorized Representative
Linda S. Lane, President
 Print or Type Name of Authorized Representative

1/1/2015
 Date