



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. 17422		2. Exact name of the Corporation Lambert Realty, Inc.			
3. Principal office address 155 Jenckes Hill Road		City Lincoln	State RI	Zip 02865	
4. Business Phone No. (401) 723-4460		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF MANAGING, LEASING, OWNING & ACQUIRING REAL ESTATE AND IMPROVEMENTS.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHEL G. LAMBERT			Vice-President Name LUC M. LAMBERT		
Street Address 155 Jenckes Hill Road			Street Address 60 Madeira Avenue		
City Lincoln	State RI	Zip 02865	City Central Falls	State RI	Zip 02863
Secretary Name JOHANNE L. BENNETT			Treasurer Name LUC M. LAMBERT		
Street Address 17 Valley View Drive			Street Address 60 Madeira Avenue		
City So. Attleboro	State MA	Zip 02703	City Central Falls	State RI	Zip 02863
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MICHEL G. LAMBERT			Director Name LUC M. LAMBERT		
Street Address 155 Jenckes Hill Road			Street Address 60 Madeira Avenue		
City Lincoln	State RI	Zip 02865	City Central Falls	State RI	Zip 02863
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 300; Common; No Par Value					
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
			200	Common	No Par Value
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					

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

FEB 05 2015

BY 3005

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.

Michael G. Lambert 1/17/15
Signature of Authorized Representative Date

Michael G. Lambert
Print or Type Name of Authorized Representative