



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. 486170		2. Exact name of the Corporation Lakeshore Equipment Company			
3. Principal office address 2695 East Dominguez Street		City Carson	State CA	Zip 90895	
4. Business Phone No. (310) 537-8600		5. State of Incorporation California			
6. Brief description of the character of business conducted in Rhode Island Retail sales of educational supplies and equipment					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David Bo Kaplan			Vice-President Name		
Street Address 2695 East Dominguez Street			Street Address		
City Carson	State CA	Zip 90895	City	State	Zip
Secretary Name Jos'hua Kaplan			Treasurer Name		
Street Address 2695 East Dominguez Street			Street Address		
City Carson	State CA	Zip 90895	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael A. Kaplan			Director Name Charles P. Kaplan		
Street Address 2695 East Dominguez Street			Street Address 2695 East Dominguez Street		
City Carson	State CA	Zip 90895	City Carson	State CA	Zip 90895
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
			750	Common/A	\$100.00 each

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

MAR 02 2015

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.

Glenn Nadboralski
Signature of Authorized Representative

02/24/2015

Date

Glenn Nadboralski, Tax Specialist

Print or Type Name of Authorized Representative