



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 119178		2. Exact name of the Corporation LU-LIN, INC.			
3. Principal office address 42 Pojac Point Road		City North Kingstown	State RI	Zip 02852	
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To acquire by purchase, lease or otherwise and to improve and develop real property.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mark A. Bard			Vice-President Name		
Street Address Post Office Box 1610			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Mark A. Bard			Treasurer Name Mark A. Bard		
Street Address Post Office Box 1610			Street Address Post Office Box 1610		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			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
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
			200	Common	No Par Value

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

Form No. 630
Revised: 01/2012

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.

FILED

APR 21 2016

BY

Signature of Authorized Representative

Mark A. Bard, President

Print or Type Name of Authorized Representative

Date

4-15-16