



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2016**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2016 DEC 19 AM 11:33
RECEIVED
STATE
DEPARTMENT OF
BUSINESS SERVICES

1. Entity ID Number 000484686		2. Exact name of the Corporation SCOTT LATHAM, INC.			
3. Principal Office Address 117 SUCCOTASH ROAD		City WAKEFIELD		State RI	Zip 02879
4. Business Phone Number: 212-841-5064		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE SALES			
5. State of Incorporation NY					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SCOTT LATHAM			Vice-President Name JULIE LATHAM		
Street Address 117 SUCCOTASH ROAD			Street Address 117 SUCCOTASH ROAD		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES	PAR VALUE 0
11. 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. 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.					
Name of Authorized Representative Donna M. Mossey CPA					Date 12/13/16
Signature of Authorized Representative <i>Donna M. Mossey</i>					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY **291144**
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FORM 630 - Revised: 08/2016