



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2016 DEC 20 AM 10:22

1. Entity ID Number <u>505032</u>		2. Exact name of the Corporation <u>LHM Restaurant Inc.</u>			
3. Principal Office Address <u>12 Coggeshall Way</u>		City <u>Middletown</u>		State <u>RI</u>	Zip <u>02842</u>
4. Business Phone Number <u>401-835-7793</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Restaurant</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Lyle H. Morse</u>			Vice-President Name		
Street Address <u>12 Coggeshall Way</u>			Street Address		
City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>	City	State	Zip
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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<u>5,000.</u>		<u>\$ 0.01</u>
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 <u>Cindy Morse</u>					Date <u>12.20.16</u>
Signature of Authorized Representative <u>Cindy Morse</u>					SIGN DOCUMENT HERE

FILED

10:22 AM

DEC 20 2016

BY 291249

lcm

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 05/2016