



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.

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1. Entity ID Number <b>000799411</b>		2. Exact name of the Corporation <b>Lo's Investment Corp.</b>			
3. Principal Office Address <b>39 Riverview Drive</b>		City <b>North Providence</b>		State <b>RI</b>	Zip <b>02904</b>
4. Business Phone Number: <b>401-529-5383</b>		6. Brief description of the character of business conducted in Rhode Island <b>Restaurant Management Services</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Man Lam Lo</b>			Vice-President Name <b>None</b>		
Street Address <b>39 Riverview Avenue</b>			Street Address		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name <b>None</b>			Treasurer Name <b>Kin Wah Ko</b>		
Street Address			Street Address <b>39 Riverview Drive</b>		
City	State	Zip	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES <b>146000</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>\$1</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>Man Lam Lo</b>				Date <b>12/12/2016</b>	
Signature of Authorized Representative <i>Man Lam Lo</i>				<b>FILED</b> SIGN DOCUMENT HERE <b>DEC 21 2016</b>	