



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 2017

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. 1011416		2. Exact name of the Corporation LR ASSOCIATES, INC.		
3. Principal office address 4646 Post Road, #1		City East Greenwich	State RI	Zip 02818
4. Business Phone No. 401-943-6655		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Engaging in the fish and shellfish industry of all kinds				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Larry Razza		Vice-President Name Larry Razza		
Street Address 4646 Post Road, #1		Street Address 4646 Post Road, #1		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Larry Razza		Director Name		
Street Address 4646 Post Road, #1		Street Address		
City East Greenwich	State RI	Zip 02818	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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.				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
100		Common	\$0.01	

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: _____

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.

Signature of Authorized Representative *Larry Razza* Date 1-16-17

Larry Razza, President
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 25 2017

By 3338

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