



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 24215		2. Exact name of the Corporation LUMEL ENTERPRISES, INC.			
3. Principal Office Address 22 Stoney Drive		City North Smithfield		State RI	Zip 02896
4. NAICS Code 53 - Real Estate and Rental and	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTMENT				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Gail M. Mey			Vice-President Name Denise A. Larson		
Street Address 22 Stoney Drive			Street Address 22 Stoney Drive		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name Gail M. Mey			Treasurer Name Denise A. Larson		
Street Address 22 Stoney Drive			Street Address 22 Stoney Drive		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Gail M. Mey			Director Name Denise A. Larson		
Street Address 22 Stoney Drive			Street Address 22 Stoney Drive		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
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 ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Class A	No Par
		900		Class B	No Par
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 Gail M. Mey				Date 1-23-17	
Signature of Authorized Representative <i>X Gail M. Mey</i>					

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

FILED
JAN 25 2017
BY **071205**

FORM 630 - Revised: 10/2016