



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 <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | | | | |
| 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 | | | | | |
| 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 | 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