



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 62331		2. Exact name of the Corporation L & M MANAGEMENT, INC.			
3. Principal Office Address 155 Jenckes Hill Road		City Lincoln		State RI	Zip 02865
4. NAICS Code 53	6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL, OWN AND MANAGE REAL ESTATE.				
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 MICHEL G. LAMBERT			Vice-President Name LUC M. LAMBERT		
Street Address 155 Jenckes Hill Road			Street Address 60 Madeira Avenue		
City Lincoln	State RI	Zip 02865	City Central Falls	State RI	Zip 02863
Secretary Name MICHEL G. LAMBERT			Treasurer Name LUC M. LAMBERT		
Street Address 155 Jenckes Hill Road			Street Address 60 Madeira Avenue		
City Lincoln	State RI	Zip 02865	City Central Falls	State RI	Zip 02863
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MICHEL G. LAMBERT			Director Name LUC M. LAMBERT		
Street Address 155 Jenckes Hill Road			Street Address 60 Madeira Avenue		
City Lincoln	State RI	Zip 02865	City Central Falls	State RI	Zip 02863
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		
			200 Common No Par Value		
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 MICHEL G. LAMBERT					Date January 24, 2017
Signature of Authorized Representative <i>Michel G. Lambert</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

BY

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FORM 630 - Revised: 10/2016