•						
State of Rhode Island Department of			Division			
Annual Report for the Corporation	year: <u>2017</u>				,	
 → Filing period: January 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.0 		ot filed by April 1.			R.I. 2017 F	
1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation				
155333	Lee Thomas	Lee Thomas Consulting Associates, Inc.				
3. Principal Office Address	<u> </u>	***!	City	State	Zip	
30 Conch Road			Narragansett	RI	02882v	
4. NAICS Code ,	6. Brief desci	ription of the chara	cter of business conducted in R	thode Island	<u> </u>	
54 - Professional, Scientific,	an TO OWN A	1				
5. State of Incorporation					•	
Rhode Island						
7. List ALL officers (names and	addresses)	<u> </u>		Check the box to indica	ate an attachment	
President Name Kristin L. Mann	1		Vice-President Name	•		
Street Address 4410 Massachusetts Ave. NW #189			Street Address			
City Washington	State DC	^{Zip} 20016	City	State	Zip	
Secretary Name Kristin L. Mann			Treasurer Name Kristin L. Mann			
Street Address 4410 Massachusetts Ave. NW #189			Street Address 4410 Massachusetts Ave. NW #189			
^{City} Washington	State DC	^{Zip} 20016	City Washington	State DC	^{Zip} 20016	
8. List ALL directors (names and	d addresses)			Check the box to indica	ate an attachment	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Is:	sued	I Check the box to indica	ate an attachment	
This information is currently of record in the				S/SERIES	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.

100

Name of Authorized Representative

Changes require an additional filing.

Signature of Authorized Representative

This information is currently of record in the

Date

Common

MAIL TO:

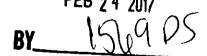
Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Kristin L. Mann

Department of State.



FORM 630 - Revised: 10/2016

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