



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.

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2017 FEB 23 PM 2:00
Zip 02882

1. Entity ID Number 155333		2. Exact name of the Corporation Lee Thomas Consulting Associates, Inc.			
3. Principal Office Address 30 Conch Road		City Narragansett		State RI	Zip 02882
4. NAICS Code 54 - Professional, Scientific, and	6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A BUSINESS CONSULTING COMPANY				
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 Kristin L. Mann			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 addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	Common	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 Kristin L. Mann				Date 1/28/17	
Signature of Authorized Representative 					

FILED

FEB 24 2017

BY

1569 PS

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016