



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 <b>486170</b>		2. Exact name of the Corporation <b>Lakeshore Equipment Company</b>			
3. Principal Office Address <b>2695 East Dominguez Street</b>			City <b>Carson</b>	State <b>CA</b>	Zip <b>90895</b>
4. NAICS Code <b>44-45 - Retail Trade</b>		6. Brief description of the character of business conducted in Rhode Island <b>Retail sales of educational supplies and equipment</b>			
5. State of Incorporation <b>California</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>David Bo Kaplan</b>			Vice-President Name		
Street Address <b>2695 East Dominguez Street</b>			Street Address		
City <b>Carson</b>	State <b>CA</b>	Zip <b>90895</b>	City	State	Zip
Secretary Name <b>Joshua Kaplan</b>			Treasurer Name		
Street Address <b>2695 East Dominguez Street</b>			Street Address		
City <b>Carson</b>	State <b>CA</b>	Zip <b>90895</b>	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Michael A. Kaplan</b>			Director Name		
Street Address <b>2695 East Dominguez Street</b>			Street Address		
City <b>Carson</b>	State <b>CA</b>	Zip <b>90895</b>	City	State	Zip
Director Name <b>Charles P. Kaplan</b>			Director Name		
Street Address <b>2695 East Dominguez Street</b>			Street Address		
City <b>Carson</b>	State <b>CA</b>	Zip <b>90895</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<b>750</b>	<b>Common/A</b>	<b>\$100.00 each</b>	
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. <i>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.</i>					
Name of Authorized Representative <b>Glenn Nadboralski</b>				Date <b>02/27/2017</b>	
Signature of Authorized Representative <i>Glenn Nadboralski</i>				SIGN DOCUMENT HERE	

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**

**MAR 03 2017**

BY

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FORM 630 - Revised: 02/2017