




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 486170		2. Exact name of the Corporation Lakeshore Equipment Company				
3. Principal Office Address 2695 East Dominguez Street			City Carson	State CA	Zip 90895	
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Retail sales of educational supplies and equipment				
5. State of Incorporation California						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name David Bo Kaplan			Vice-President Name			
Street Address 2695 East Dominguez Street			Street Address			
City Carson	State CA	Zip 90895	City	State	Zip	
Secretary Name Joshua Kaplan			Treasurer Name			
Street Address 2695 East Dominguez Street			Street Address			
City Carson	State CA	Zip 90895	City	State	Zip	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Michael A. Kaplan			Director Name			
Street Address 2695 East Dominguez Street			Street Address			
City Carson	State CA	Zip 90895	City	State	Zip	
Director Name Charles P. Kaplan			Director Name			
Street Address 2695 East Dominguez Street			Street Address			
City Carson	State CA	Zip 90895	City	State	Zip	
9. Shares Authorized		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	
		750		Common/A	\$100.00 each	
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 Glenn Nadboralski					Date 02/27/2017	
Signature of Authorized Representative 			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 B75903 FORM 630 - Revised: 02/2017