



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 MAR -6 AM 11:02

1. Entity ID Number <u>0000 14111</u>		2. Exact name of the Corporation <u>Lanbob Inc.</u>			
3. Principal Office Address <u>50 Nashua St.</u>		City <u>Prov.</u>		State <u>R.I.</u>	Zip <u>02904</u>
4. NAICS Code <u>52</u>		6. Brief description of the character of business conducted in Rhode Island <u>Insurance Broker</u>			
5. State of Incorporation <u>R-I.</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Lawrence A. Natale</u>			Vice-President Name <u>Robert J. Chipman Jr</u>		
Street Address <u>36 Mark Drive</u>			Street Address <u>42 Beverly Circle</u>		
City <u>Lincoln</u>	State <u>R.I.</u>	Zip <u>02865</u>	City <u>Attleboro</u>	State <u>Mass</u>	Zip <u>02703</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Lawrence A. Natale</u>			Director Name <u>Robert J. Chipman Jr</u>		
Street Address <u>31 MARK Drive</u>			Street Address <u>42 Beverly Circle</u>		
City <u>Lincoln</u>	State <u>R.I.</u>	Zip <u>02865</u>	City <u>Attleboro</u>	State <u>Mass</u>	Zip <u>02703</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <u>1,100</u>		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>(600)</u>			<u>0</u>
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. <b>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.</b>					
Name of Authorized Representative <u>Lawrence A. Natale</u>					Date <u>3/6/17</u>
Signature of Authorized Representative <u>Lawrence A. Natale</u>					<b>FILED</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

MAR 06 2017

BY CH 297497

FORM 630 - Revised: 02/2017