



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 697754		2. Exact name of the Corporation van Lent Associates, Ltd.												
3. Principal Office Address 292 Spring Street, Box 1208		City Block Island		State RI	Zip 02807									
4. NAICS Code 54 - Professional, Scientific, and	6. Brief description of the character of business conducted in Rhode Island Provide landscape architecture and site planning services													
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Derek A. van Lent		Vice-President Name Derek A. van Lent												
Street Address 292 Spring Street, Box 1208		Street Address 292 Spring Street, Box 1208												
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807									
Secretary Name Derek A. van Lent		Treasurer Name Derek A. van Lent												
Street Address 292 Spring Street, Box 1208		Street Address 292 Spring Street, Box 1208												
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Derek A. van Lent		Director Name												
Street Address 292 Spring Street, Box 1208		Street Address												
City Block Island	State RI	Zip 02807	City	State	Zip									
Director Name		Director Name												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>300</td><td>Common</td><td>No Par</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
300	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 Derek A. van Lent					Date 3/6/2017									
Signature of Authorized Representative 														

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 24 2017**BY 0954 DS

FORM 630 - Revised: 02/2017