RI SOS Filing Number: 201755238100 Date: 12/20/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

-> Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
DEC 2 0 2017

DEC 2 0 2017 BY______

7 Felialty, Additional \$25.00		ot mod by 7 pm 1.					
1. Entity ID Number	2. Exact nan	2. Exact name of the Corporation					
000060690	K-	E. Fish	LUCOT	oprated			
3. Principal Office Address			City	1	State	Zip	
60 Star	St.		1 W	rruck	RI	02888	
4. NAICS Code	6. Brief desc	ription of the characte	r of business o	conducted in Rhode	island		
561730	LAND	Iscap Majot W Cutting,	AINACE.	Fall Clean-u	35		
5. State of Incorporation 2	Law	n Cutting)	י ו מיחקכ	ALC OFFICE !			
7. List ALL officers (names and a	addresses)			Check	the boy to ind	icate an attachment	
President Name	Vice-President Name						
Royald F.							
Street Address 60 StAr St	Street Address						
City ,	State	Zip	City		State	Zıp	
WATWICK	<u>Pt</u>	02888	<u> </u>				
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	<u> </u>	State	Zıp	
8 List ALL directors (names and	addresses)			Chec	k the box to ind	licate an attachment 🗖	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
WATWICK	RI	02844	1				
Director Name	Director Name						
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9 Shares Authorized	<u> </u>	10. Shares Issu	ed	Chec	the box to ind	licate an attachment	
This information is currently of re-	cord in the	NUMBER OF S	HARES	CLASS/SERI	ES	PAR VALUE	
Department of State.		166	600		NON DAY		
Changes require an additional filing.		1000	(301)		"		
Ad This are desired by a consider	t an habalf of the		therinad rear	contature If the core	acation is in the	hands of a receiver or	
11. This report must be executed trustee, this report must be executed					oration is in the	e flatius of a receiver of	
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 Representa		o marchine and and	0077001.		Date		
KONALO E Fish 12/17/17							
Signature of Authorized Represe	entative	III.	<u> </u>			 -	
1 Y West	<u> </u>	<u>~//</u>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov