RI SOS Filing Number: 201857654600 Date: 2/2/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

STAMP

→ 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	2. Exact name of the Corporation
8412	L & K Corporation

3. Principal Office Address	City	State	Zip
850 Main Street	West Warwick	RI	02893

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44-45 445310	Operation, conduct and management of a liquor store for the sale of beer, wine, distilled spirits and sundry merchandise and other allied business.
5 State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Kathy M. Lavoie	Vice-President Name: Shannon M. Lavoie
Street Address: 11 Lane C	Street Address: 11 Lane C
City: Coventry State: RI Zip: 02816	City: Coventry State: RI Zip: 02816
Secretary Name: Kelly M. Lavoie	Treasurer Name: Kathy M. Lavoie
Street Address: 11 Lane C	Street Address: 11 Lane C
City: Coventry State: RI Zip: 02816	City: Coventry State: RI Zip: 02816

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100	Common	No par value

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	Date
Kathy M. Lavoie	01-30-18

Signature of Authorized Representative: Kathy M. Lavoie SIGN DOCUMENT HERE

FILED

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

FEB 02 2018
BY

FORM 630 - Revised: 10/2017