RI SOS Filing Number: 201857915530 Date: 2/8/2018 4:00:00 PM

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

Annual Report for the year: 2018
Corporation

→ 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		
17422	Lambert Realty, Inc.		
3. Principal Office Address	City	State	Zip
155 Jenckes Hill Road	Lincoln	RI	02865
4. NAICS Code: 531390	6. Brief description of the character of business conducted in Rhode Island		
5. State of Incorporation: RHODE ISLAND	TO ENGAGE IN THE BUSINESS OF MANAGING, LEASING, OWNING & ACQUIRING REAL ESTATE AND IMPROVEMENTS.		

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

President Name	Street Address	City	State	Zip
MICHEL G. LAMBERT	155 Jenckes Hill Road	Lincoln	RI	02865

Vice-President Name	Street Address	City	State	Zip
LUC M. LAMBERT	60 Madeira Avenue	Central Falls	RI	02863

Secretary Name	Street Address	City	State	Zip
JOHANNE L. BENNETT	17 Valley View Drive	South Attleboro	MA	02703

Treasurer Name	Street Address	City	State	Zip
LUC M. LAMBERT	60 Madeira Avenue	Central Falls	RI	02863

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

Director Name	Street Address	City	State	Zip
MICHEL G. LAMBERT	155 Jenckes Hill Road	Lincoln	RI	02865

Director Name	Street Address	City	State	Zip
LUC M. LAMBERT	60 Madeira Avenue	Central Falls	RI	02863

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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
MICHEL G. LAMBERT	February 6, 2018

Signature of Authorized Representative: Michael G. Lambert

FILED
FEB 08 2018
BY 3438 DS

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

FORM 630 - Revised: 10/2017