



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIVISION
 2018 FEB 21 AM 8:37

1. Entity ID Number 1087126		2. Exact name of the Corporation Lincoln Labs Inc.	
3. Principal Office Address 50 Industrial Circle		City Lincoln	State RI
4. NAICS Code 999999		6. Brief description of the character of business conducted in Rhode Island Genotoxicity screening for various industries	
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Walter W. Martish, III		Vice-President Name Benjamin Dodge	
Street Address 50 Industrial Circle		Street Address 50 Industrial Circle	
City Lincoln	State RI	City Lincoln	Zip 02865
Secretary Name Walter W. Martish, III		Treasurer Name Walter W. Martish, III	
Street Address 50 Industrial Circle		Street Address 50 Industrial Circle	
City Lincoln	State RI	City Lincoln	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		1000	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 Walter W. Martish, III		Date 1/24/18	
Signature of Authorized Representative 		SIGN DOCUMENT 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 21 2018
 BY **2609099013**