RI SOS Filing Number: 201858883270 Date: 2/20/2018 4:00:00 PM



1. Entity ID No.

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

2. Exact name of the Corporation

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

92995	2995 Lauren Sue, Inc (311710)					
3. Principal office address 885 Tuckertown Road			City Wakefield	State RI	Zip <b>02879</b>	
4. Business Phone No. 401/783-1503			5. State of Incorporation Rhode Island			
Brief description of the characte     To engage in a general s			l			
7. LIST ALL OFFICERS (NAMES	AND ADDRESS	ES) ("X" BOX FOR AT	TACHMENT)	<del>"</del>		
President Name Mark H. Jones			Vice-President Name Donna Jones			
Street Address 885 Tuckertown Road			Street Address 885 Tuckertown Road			
City <b>Wakefield</b>	State RI	Zip 02879	City Wakefield	State RI	Zip 02879	
Secretary Name Mark H. Jones			Treasurer Name Donna Jones			
Street Address 885 Tuckertown Road			Street Address 885 Tuckertown Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip <b>02879</b>	
8. LIST <u>ALL</u> DIRECTORS (NAM	ES AND ADDRES	SSES) ("X" BOX FOR	ATTACHMENT)	•		
Director Name Mark H. Jones			Director Name Donna Jones			
Street Address 885 Tuckertown Road			Street Address 885 Tuckertown Road			
City Wakefield	State <b>RI</b>	Zip 02879	City Wakefield	State RI	Zip 02879	
Director Name	-	Oirector Name				
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			300	common	no par value	
See Section 5 of matraction and	ret.					
This report must be executed on t	behalf of the corp his report must be	oration by an authorize executed on behalf of	d representative. If the the the corporation by the r	corporation is in the hands eceiver or trustee.	s of a receiver or trustee.	
File Date	<u> </u>	CII EN	this report, includi		chedules and statements,	
Check No		FILED	and materi statem	ents contained herein a	2/7/18	
FEB 2 0 2018			Signature of Authorized Representative Date			
FOR SECRETARY OF STATE USE ONLY			Mark H. Jorres, President  Print or Type Name of Authorized Representative			
Form No. 630 Revised: 01/2012	VI		Fillit of Type Ivame	o Authorizea Mepresenta	an AG	