



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
 CORPORATION DIV.
 018 FEB 27 AM 10:48
 STATE

1. Entity ID Number 76693		2. Exact name of the Corporation L.N.S. REALTY, INC.			
3. Principal Office Address 1045 Cranston Street		City Cranston	State RI	Zip 02920	
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island The purchase, sale, leasing and management of real estate and any other lawful business.			
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 Leon N. Stamas			Vice-President Name Leon G. Stamas		
Street Address 1045 Cranston Street			Street Address 1045 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Leon G. Stamas			Treasurer Name Leon N. Stamas		
Street Address 1045 Cranston Street			Street Address 1045 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			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. <i>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.</i>					
Name of Authorized Representative LEON N. STAMAS				Date 1-15-18	
Signature of Authorized Representative 				FILED	
				SIGN DOCUMENT HERE FEB 27 2018	

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

BY 325326