



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.

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SECRETARY OF STATE
CORPORATIONS DIV

2018 MAR -6 AM 8:55

1. Entity ID Number 115433		2. Exact name of the Corporation LORI INVESTMENTS, INC.												
3. Principal Office Address PO BOX 5892			City PROVIDENCE	State RI	Zip 02903									
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL, LEASE, REPAIR, REHABILITATE AND OTHERWISE INVEST IN REAL ESTATE												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name MICHAEL J RILEY JR			Vice-President Name MICHAEL J RILEY JR											
Street Address PO BOX 5892			Street Address PO BOX 5892											
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903									
Secretary Name JOY E RILEY			Treasurer Name MICHAEL J RILEY JR											
Street Address PO BOX 5892			Street Address PO BOX 5892											
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NONE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NONE			
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100	COMMON	NONE												
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 MICHAEL J. RILEY JR				Date 2/19/18										
Signature of Authorized Representative 				SIGN DOCUMENT FILED KM										

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

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