



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 ☐					
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 ☐					
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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

MAR 06 2018

BY **325906**

FORM 630 - Revised: 10/2017