



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.

1. Entity ID Number 157452		2. Exact name of the Corporation LP Innovations, Inc.			
3. Principal Office Address 37 Birch St			City Milford	State MA	Zip 01757
4. NAICS Code 561990		6. Brief description of the character of business conducted in Rhode Island Provide outsourced loss prevention services			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark Simson			Vice-President Name		
Street Address 37 Birch St			Street Address		
City Milford	State MA	Zip 01757	City	State	Zip
Secretary Name Elizabeth Marx Wexelblatt			Treasurer Name John Fice		
Street Address 37 Birch St			Street Address 37 Birch St		
City Milford	State MA	Zip 01757	City Milford	State MA	Zip 01757
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mark Simson			Director Name		
Street Address 37 Birch St.			Street Address		
City Milford	State MA	Zip 01757	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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	PAR VALUE
			400	common	.001
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 Elizabeth Marx Wexelblatt, Secretary					Date 3/1/2018
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

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

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