



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 <b>157452</b>		2. Exact name of the Corporation <b>LP Innovations, Inc.</b>			
3. Principal Office Address <b>37 Birch St</b>		City <b>Milford</b>		State <b>MA</b>	Zip <b>01757</b>
4. NAICS Code <b>561990</b>		6. Brief description of the character of business conducted in Rhode Island <b>Provide outsourced loss prevention services</b>			
5. State of Incorporation <b>DE</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Mark Simson</b>			Vice-President Name		
Street Address <b>37 Birch St</b>			Street Address		
City <b>Milford</b>	State <b>MA</b>	Zip <b>01757</b>	City	State	Zip
Secretary Name <b>Elizabeth Marx Wexelblatt</b>			Treasurer Name <b>John Fice</b>		
Street Address <b>37 Birch St</b>			Street Address <b>37 Birch St</b>		
City <b>Milford</b>	State <b>MA</b>	Zip <b>01757</b>	City <b>Milford</b>	State <b>MA</b>	Zip <b>01757</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Mark Simson</b>			Director Name		
Street Address <b>37 Birch St.</b>			Street Address		
City <b>Milford</b>	State <b>MA</b>	Zip <b>01757</b>	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>400</b>	<b>common</b>	<b>.001</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Elizabeth Marx Wexelblatt, Secretary</b>					Date <b>3/1/2018</b>
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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MAR 05 2018

BY  325930

FORM 630 - Revised: 10/2017