RI SOS Filing Number: 201860396720 Date: 3/16/2018 4:00:00 PM

1001208

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	2. Exact name of the Corporation			
000573648	LHK PARTNERS INC.			
3. Principal Office Address		City	State	Zip
2 CAMPUS BLVD.		NEWTOWN SQUARE	PA	19073
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
519100				
5. State of Incorporation				
PA	MARKET RESEARCH			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment

President Name			Vice-President Name		
ANDREW LOHAN					
Street Address			Street Address		
2 CAMPUS BLVD.					
City	State	Zip	City	State	Zip
NEWTOWN SQUARE	PA	19073			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment

Director Name			Director Name		
WILLIAM KRAMKOWSKI					
Street Address			Street Address		
2 CAMPUS BLVD.					
City	State	Zip	City	State	Zip
NEWTOWN SQUARE	PA	19073			
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
10000	COMMON	100

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 — FILED — Date 3/13/18

Signature of Authorized Representative
ANDREW LOHAN

MAR 16 2018

BY 3119 DS

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

FORM 630 - Revised: 08/2017