



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 137106		2. Name of Corporation LOWMAN, INC.			
3. Street Address Principal Business Office 34 TUPELO TRAIL		City NARRAGANSETT	State RI	Zip 02882	
4. Business Phone No. 401-789-9016		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF BREAD AND OTHER PRODUCT SALE, DELIVERY AND DISTRIBUTION					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL LOWMAN		Vice President Name NONE			
Street Address 34 TUPELO TRAIL		Street Address			
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Secretary Name PATRICIA LOWMAN		Treasurer Name NONE			
Street Address 34 TUPELO TRAIL		Street Address			
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MICHAEL LOWMAN		Director Name PATRICIA LOWMAN			
Street Address SAME		Street Address SAME			
City SAME	State	Zip	City SAME	State	Zip
Director Name NONE		Director Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			200	COMMON	NO

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 3 7 1 0 6

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.

Michael Lowman 2/23/05
Signature of Officer Date
MICHAEL LOWMAN
Print or Type Name of Officer
PRESIDENT
Title of Officer

137106 DBC 02/16/05 06:32:13 AM

FILED
File Date FEB 24 2005
Check No. 1062
By LB
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