



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV STAMP

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- 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 000065791		2. Exact name of the Corporation LANTZ OF NEW ENGLAND			
3. Principal Office Address 1185 HIGH HAWK RD		City EAST GREENWICH	State RI	Zip 02818	
4. NAICS Code 423210		6. Brief description of the character of business conducted in Rhode Island OFFICE FURNITURE WHOLESALE - MANUFACTURE REPRESENTATIVE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CAROL A. (LANTZ) JOHNSON			Vice-President Name STEPHAN D. JOHNSON		
Street Address 1185 High Hawk Rd			Street Address 1185 High Hawk Rd		
City E GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
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 <input type="checkbox"/>					
Director Name STEPHAN D. JOHNSON			Director Name CAROL A. (LANTZ) JOHNSON		
Street Address 1185 High Hawk Rd			Street Address 1185 High Hawk Rd		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			300		CNP
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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 STEPHAN D. JOHNSON					Date 6/7/18
Signature of Authorized Representative <i>Stephan D. Johnson</i>					

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

FILED
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 BY *332225*