State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2018 AUG 16 AM 11:18

Annual Report for the year: 2017

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
108418	LEMOS, INC.

3. Principal Office Address	City	State	Zip
306 WILBUR AVE	SWANSEA	MA	02777

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238210	INSTALL AND SERVICE BURGLAR AND FIRE ALARMS, VIDEO SURVEILLANCE SYSTEMS AND ACCESS CONTROL
5. State of Incorporation	
MA	

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

President Name	Vice-President Name
HELDER LEMOS	ELISA LEMOS
Street Address: 15 SPRING HILL RD	Street Address: 15 SPRING HILL RD
City: DARTMOUTH State: MA Zip: 02747	City: DARTMOUTH State: MA Zip: 02747
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
HELDER LEMOS	ELISA LEMOS
Street Address: 15 SPRING HILL RD	Street Address: 15 SPRING HILL RD
City: DARTMOUTH State: MA Zip: 02747	City: DARTMOUTH State: MA Zip: 02747
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200		0

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	Date
ELISA LEMOS	8/10/18

Signature of Authorized Representative: Elisa Lemos — SIGN DOCUMENT HERE

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
AUG 16 2018
BY VSRTV
A.A. 11:30 A.M.

FORM 630 - Revised: 02/2017