RI SOS Filing Number: 201874709370 Date: 8/16/2018 11:19:00 AM

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 AUG 16 AM 11:18

Annual Report for the year: 2016
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: 238210	6. Brief description of the character of business conducted in Rhode Island: 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			Street Address		
15 SPRING HILL RD			15 SPRING HILL RD		
City	State	Zip	City	State	Zip
DARTMOUTH	MA	02747	DARTMOUTH	MA	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			Street Address		
15 SPRING HILL RD			15 SPRING HILL RD		
City	State	Zip	City	State	Zip
DARTMOUTH	MA	02747	DARTMOUTH	MA	02747
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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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

FILED
AUG 16 2018
BY V5RTV
A.A. 11:19 A.M.

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: 02/2017