



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

 RECEIVED  
 SECRETARY OF STATE  
 CORPORATION  
 2018 DEC 21 AM 10:37

1. Entity ID Number <b>132037</b>		2. Exact name of the Corporation <b>Bernard Lambert</b>			
3. Principal Office Address <b>110 Sweet Ave</b>			City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
4. NAICS Code <b>493110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Storage &amp; Stock Pile of Goods</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Bernard Lambert</b>			Vice-President Name		
Street Address <b>110 Sweet Ave</b>			Street Address		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>0</b>			<b>0</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Bernard Lambert</b>				Date <b>12/21/18</b>	
Signature of Authorized Representative <b>Bernard Lambert</b>				SIGN DOCUMENT HERE	

DEC 21 2018

FILED

 BY **626AG**  
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 FORM 630 - Revised: 10/2017