



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

STAMP

FOR SECRETARY OF STATE USE ONLY

Annual Report for the year: 2019 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 86727		2. Exact name of the Corporation LANDS END SERVICES, INC.					
3. Principal Office Address 134 COGGESHALL AVENUE				City NEWPORT		State RI	Zip 02840
4. NAICS Code 485320		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A LIMOSINE SERVICE					
5. State of Incorporation RHODE ISLAND							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name WALTER MEY			Vice-President Name KRISTIN MEY				
Street Address 170 COMPTON VIEW DRIVE			Street Address 170 COMPTON VIEW DRIVE				
City MIDDLETOWN		State RI	Zip 02842	City MIDDLETOWN		State RI	Zip 02842
Secretary Name KRISTIN MEY			Treasurer Name WALTER MEY				
Street Address 170 COMPTON VIEW DRIVE			Street Address 170 COMPTON VIEW DRIVE				
City MIDDLETOWN		State RI	Zip 02842	City MIDDLETOWN		State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
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 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	PAR VALUE	
			0		COMMON	NO PAR	
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. <i>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.</i>							
Name of Authorized Representative <i>Walter C Mey Jr</i>						Date <i>12/21/18</i>	
Signature of Authorized Representative <i>Walter C Mey Jr</i>						SIGN DOCUMENT HERE	

FILED

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