



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

Annual Report for the year: 2019
 Corporation

FILED

JAN 11 2019

BY 1006

- 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 151687		2. Exact name of the Corporation Lazyman's Lobster Creations, Inc.			
3. Principal Office Address 11 Owen Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 323117		6. Brief description of the character of business conducted in Rhode Island market and sell books, accessories and novelty items with a unique crustacean theme closure.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michelle C LeBeau			Vice-President Name Joshua M LeBeau		
Street Address 11 Owen Avenue			Street Address 11 Owen Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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			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		
			10,000	Common	.01
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 Michelle C LeBeau					Date 1-8-19
Signature of Authorized Representative Michelle C LeBeau <small>SIGN DOCUMENT HERE</small>					