



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

Annual Report for the year: 2018
 Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 JAN 11 PM 12:59

- 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 000799411		2. Exact name of the Corporation LO'S Investment Corp.			
3. Principal Office Address 39 Riverview Dr.		City N. Providence	State RI	Zip 02904	
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant management.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Man Lam Lo		Vice-President Name None			
Street Address 39 Riverview Dr.		Street Address			
City N. Providence	State RI	Zip 02904	City	State	Zip
Secretary Name None		Treasurer Name Kim Wah Ko			
Street Address		Street Address 39 Riverview Dr.			
City	State	Zip	City N. Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None		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
			146000		Common
			PAR VALUE		#1.
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 Man Lam Lo				Date 1/27/18	
Signature of Authorized Representative Man Lam Lo				1:00 FILED	

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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