

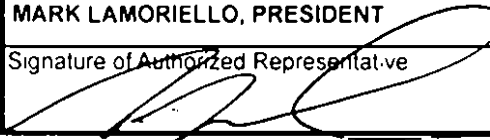


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**


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.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2019 JAN 31 PM 1:14

1. Entity ID Number <b>64449</b>		2. Exact name of the Corporation <b>LAMCO ADVISORY SERVICES, INC.</b>			
3. Principal Office Address <b>1525 INTERNATIONAL PARKWAY, SUITE 2071</b>			City <b>LAKE MARY</b>	State <b>FL</b>	Zip <b>32746</b>
4. NAICS Code <b>523930</b>		6. Brief description of the character of business conducted in Rhode Island <b>PROVIDE INVESTMENT ADVISORY SERVICES</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>MARK LAMORIELLO</b>			Vice-President Name		
Street Address <b>1525 INTERNATIONAL PARKWAY, SUITE 2071</b>			Street Address		
City <b>LAKE MARY</b>	State <b>FL</b>	Zip <b>32746</b>	City	State	Zip
Secretary Name <b>MARK LAMORIELLO</b>			Treasurer Name <b>MARK LAMORIELLO</b>		
Street Address <b>1525 INTERNATIONAL PARKWAY, SUITE 2071</b>			Street Address <b>1525 INTERNATIONAL PARKWAY, SUITE 2071</b>		
City <b>LAKE MARY</b>	State <b>FL</b>	Zip <b>32746</b>	City <b>LAKE MARY</b>	State <b>FL</b>	Zip <b>32746</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>NICHOLAS J. LAMORIELLO</b>			Director Name		
Street Address <b>1525 INTERNATIONAL PARKWAY, SUITE 2071</b>			Street Address		
City <b>LAKE MARY</b>	State <b>FL</b>	Zip <b>32746</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASSIFICATION	PAR VALUE
		<b>1,000</b>		<b>COMMON</b>	<b>\$1.00</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. <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 <b>MARK LAMORIELLO, PRESIDENT</b>					Date <b>January 24th 2019</b>
Signature of Authorized Representative 					<b>FILED</b>

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

**FILED**  
 JAN 31 2019  
 BY  2249