



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.

1. Entity ID Number 000111690		2. Exact name of the Corporation Less Lethal Consulting, Inc			
3. Principal Office Address 400 Putnam Pike, Suite J-508			City Smithfield	State RI	Zip 02917
4. NAICS Code 541690		6. Brief description of the character of business conducted in Rhode Island To provide consulting services pertaining to less lethal force options, training in the use of less lethal force munitions, and sales of retail sales products.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Kevin Serapiglia			Vice-President Name Lisa Serapiglia		
Street Address 400 Putnam Pike, Suite J-508			Street Address 400 Putnam Pike, Suite J-508		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Kevin Serapiglia			Treasurer Name Lisa Serapiglia		
Street Address 400 Putnam Pike, Suite J-508			Street Address 400 Putnam Pike, Suite J-508		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Kevin Serapiglia			Director Name Lisa Serapiglia		
Street Address 400 Putnam Pike, Suite J-508			Street Address 400 Putnam Pike, Suite J-508		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			0 none		
			0		
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 Lisa Serapiglia				Date 1/28/2019	
Signature of Authorized Representative <i>Lisa Serapiglia</i> SIGN DOCUMENT HERE					

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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FEB 01 2019
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