



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  
 2019 FEB 28 PM 4:00

|  |  |   |                               |
|--|--|---|-------------------------------|
| 1. Entity ID Number<br><b>155333</b>   |  | 2. Exact name of the Corporation<br><b>Lee Thomas Consulting Associates, Inc.</b>                                     |                               |
| 3. Principal Office Address<br><b>30 Conch Road</b>  |  | City<br><b>Narragansett</b>   | State<br><b>RI</b>            |
| 4. NAICS Code<br><b>541614</b><br><del>54 - Professional, Scientific, and</del>  | 6. Brief description of the character of business conducted in Rhode Island<br><b>TO OWN AND OPERATE A BUSINESS CONSULTING COMPANY</b> |   | 0                             |
| 5. State of Incorporation<br><b>Rhode Island</b>   |  |   |                               |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |  |   |                               |
| President Name<br><b>Kristin L. Mann</b>   |  | Vice-President Name   |                               |
| Street Address<br><b>30 Conch Road</b>   |  | Street Address  |                               |
| City<br><b>Narragansett</b>  | State<br><b>RI</b>   | Zip<br><b>02882</b>   |                               |
| Secretary Name<br><b>Kristin L. Mann</b>   |  | Treasurer Name<br><b>Kristin L. Mann</b>  |                               |
| Street Address<br><b>30 Conch Road</b>   |  | Street Address<br><b>30 Conch Road</b>  |                               |
| City<br><b>Narragansett</b>  | State<br><b>RI</b>   | Zip<br><b>02882</b>   |                               |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |  |   |                               |
| Director Name  |  | Director Name   |                               |
| Street Address   |  | Street Address  |                               |
| City   | State  | Zip   |                               |
| Director Name  |  | Director Name   |                               |
| Street Address   |  | Street Address  |                               |
| City   | State  | Zip   |                               |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.   |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                               |
|  |  | NUMBER OF SHARES<br><b>100</b>  | CLASS/SERIES<br><b>Common</b> |
|  |  |   | PAR VALUE<br><b>No Par</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.<br><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<br><b>Kristin L. Mann</b>  |  | Date<br><b>2-9-19</b>   |                               |
| Signature of Authorized Representative<br>   |  | <b>FILED</b><br>SIGN DOCUMENT HERE<br><b>FEB 28 2019</b><br>BY <b>DHHBX</b><br>1:10                                   |                               |

MAIL TO:  
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