



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
 CORPORATION DIVISION
 2019 FEB 28 PM 4:28

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

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov