



FILED

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

MAR 13 2019

BY

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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 798643		2. Exact name of the Corporation LEMATE OF NEW ENGLAND INC			
3. Principal Office Address 11 PERRY DRIVE			City FOXBORO	State MA	Zip 02035
4. NAICS Code 424400		6. Brief description of the character of business conducted in Rhode Island DELIVERY OF PRODUCTS FOR SALE			
5. State of Incorporation MASSACHUSETTS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KEVIN CHRISTMAN			Vice-President Name KEVIN CHRISTMAN		
Street Address 11 PERRY DRIVE			Street Address 11 PERRY DRIVE		
City FOXBORO	State MA	Zip 02035	City FOXBORO	State MA	Zip 02035
Secretary Name MARIANNE CHRISTMAN			Treasurer Name KEVIN CHRISTMAN		
Street Address 11 PERRY DRIVE			Street Address 11 PERRY DRIVE		
City FOXBORO	State MA	Zip 02035	City FOXBORO	State MA	Zip 02035
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KEVIN CHRISTMAN			Director Name MARIANNE CHRISTMAN		
Street Address 11 PERRY DRIVE			Street Address 11 PERRY DRIVE		
City FOXBORO	State MA	Zip 02035	City FOXBORO	State MA	Zip 02035
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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. 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 MARIANNE CHRISTMAN				Date 3/11/19	
Signature of Authorized Representative <i>Marianne Christman</i>					