



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.

FILED

MAR 15 2019

BY 7887

| 1. Entity ID Number 719747 | | 2. Exact name of the Corporation Lemos International Company, Inc. | | | | | | | | | |
|---|-----------------|---|--|------------------------|---------------------|------------------|--------------|-----------|-----|--------|----------------|
| 3. Principal Office Address 580 Maple Avenue, Suite 1 (Mail: P.O. Box 719) | | | City Barrington | State RI | Zip 02806 | | | | | | |
| 4. NAICS Code 423610 | | 6. Brief description of the character of business conducted in Rhode Island Electronic Distribution | | | | | | | | | |
| 5. State of Incorporation Massachusetts | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | |
| President Name Daniel Lemos | | | Vice-President Name None | | | | | | | | |
| Street Address 580 Maple Avenue, Suite 1 (Mail: P.O. Box 719) | | | Street Address | | | | | | | | |
| City Barrington | State RI | Zip 02806 | City | State | Zip | | | | | | |
| Secretary Name Daniel Lemos | | | Treasurer Name Daniel Lemos | | | | | | | | |
| Street Address 580 Maple Avenue, Suite 1 (Mail: P.O. Box 719) | | | Street Address 580 Maple Avenue, Suite 1 (Mail: P.O. Box 719) | | | | | | | | |
| City Barrington | State RI | Zip 02806 | City Barrington | State RI | Zip 02806 | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | |
| Director Name Daniel Lemos | | | Director Name None | | | | | | | | |
| Street Address 580 Maple Avenue, Suite 1 (Mail: P.O. Box 719) | | | Street Address | | | | | | | | |
| City Barrington | State RI | Zip 02806 | City | State | Zip | | | | | | |
| 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"/> | | | | | | | | |
| | | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>\$10 Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 100 | COMMON | \$10 Par Value |
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| 100 | COMMON | \$10 Par Value | | | | | | | | | |
| | | | | | | | | | | | |
| 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 Daniel Lemos, President | | | | Date 2/15/19 | | | | | | | |
| Signature of Authorized Representative | | | | SIGN DOCUMENT HERE | | | | | | | |

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