State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAR 15 2019

BY 7887

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	2. Exact name of the Corporation		
719747	**Lemos International Company, Inc.**		
3. Principal Office Address	City	State	Zip
580 Maple Avenue, Suite 1 (Mail: P.O. Box 719)	**Barrington**	**RI**	**02806**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
423610	**Electronic Distribution**		
5. State of Incorporation			
Massachusetts			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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 — 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
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	Date
Daniel Lemos, President	2/15/19

Signature of Authorized Representative: X Daniel Lemos — 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

FORM 630 - Revised: 10/2017