



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 *STAMP*

APR 19 2019

BY 102

1. Entity ID Number 1685890		2. Exact name of the Corporation Lovasi Inc.			
3. Principal Office Address 940 QUAKER LANE, # 2907			City WARWICK	State RI	Zip 02818
4. NAICS Code 315990	6. Brief description of business activity <i>manufacturing</i> OR				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name RICHARD WINKLER			Vice-President Name ROBERT MONTAQUILA		
Street Address 940 QUAKER LANE, # 2907			Street Address 1 WARREN AVENUE		
City WARWICK	State RI	Zip 02818	City NO. PROVIDENCE	State RI	Zip 02911
Secretary Name RICHARD WINKLER			Treasurer Name ROBERT MONTAQUILA		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name RICHARD WINKLER			Director Name ROBERT MONTAQUILA		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			1000	COMMON	NO PAR VLAUE
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. <b>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.</b>					
Name of Authorized Representative RICHARD WINKLER, PRESIDENT				Date 03/15/19	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	