



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2020
Corporation

DEC 30 2019

BY 112588

- 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 86727		2. Exact name of the Corporation Lands End Services, Inc			
3. Principal Office Address 134 Coggeshall Avenue			City Newport	State RI	Zip 02840
4. NAICS Code 485320		6. Brief description of the character of business conducted in Rhode Island To operate a limosine service			
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 Walter Mey			Vice-President Name Kristin Mey		
Street Address 170 Compton View Drive			Street Address 170 Compton View Drive		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Kristin Mey			Treasurer Name Walter Mey		
Street Address 170 Compton View Drive			Street Address 170 Compton View Drive		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
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	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			0	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 Walter C Mey Jr					Date 12/21/19
Signature of Authorized Representative <i>Walter C Mey Jr</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov