



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 03 2020

BY

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Annual Report for the year: **2020**  
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 <b>24215</b>		2. Exact name of the Corporation <b>LUMEL ENTERPRISES, INC.</b>												
3. Principal Office Address <b>22 Stoney Drive</b>			City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>									
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE INVESTMENT</b>												
5. State of Incorporation <b>Rhode Island</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Gail M. Mey</b>			Vice-President Name <b>Denise A. Larson</b>											
Street Address <b>22 Stoney Drive</b>			Street Address <b>22 Stoney Drive</b>											
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>									
Secretary Name <b>Gail M. Mey</b>			Treasurer Name <b>Denise A. Larson</b>											
Street Address <b>22 Stoney Drive</b>			Street Address <b>22 Stoney Drive</b>											
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Gail M. Mey</b>			Director Name <b>Denise A. Larson</b>											
Street Address <b>22 Stoney Drive</b>			Street Address <b>22 Stoney Drive</b>											
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized														
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SHARES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Class A</td> <td>No Par</td> </tr> <tr> <td>900</td> <td>Class B</td> <td>No Par</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SHARES	PAR VALUE	100	Class A	No Par	900	Class B	No Par
			NUMBER OF SHARES	CLASS/SHARES	PAR VALUE									
100	Class A	No Par												
900	Class B	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 <b>Gail M. Mey, President</b>				Date <b>1/27/20</b>										
Signature of Authorized Representative <i>Gail M. Mey</i>														

## MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov