



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED**STAMP**

FEB 03 2020

STATE OF RHODE ISLAND
DIVISION

14075

1. Entity ID Number 000051630		2. Exact name of the Corporation The Lock Shop, Inc.			
3. Principal Office Address 20 Oakdale Road		City North Kingstown		State RI	Zip 02852
4. NAICS Code 444190	6. Brief description of the character of business conducted in Rhode Island SALE, MANUFACTURE AND SERVICE OF LOCKS AND KEYS.				
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 Jeffrey M. Owen			Vice-President Name		
Street Address 6810 Post Road			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Jeffrey M. Owen			Treasurer Name Jeffrey M. Owen		
Street Address 6810 Post Road			Street Address 6810 Post Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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/SER-LS		
			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 Jeffrey M. Owen				Date 1/27/20	
Signature of Authorized Representative 				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