



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JAN 15 PM 2:34

1. Entity ID Number 000100263		2. Exact name of the Corporation Faith Lamprey Enterprises, Inc.	
3. Principal Office Address 5 OLD NASONVILLE ROAD		City HARRISVILLE	State RI
		Zip 02830	
4. NAICS Code 518210	6. Brief description of the character of business conducted in Rhode Island Computer related services, training and products to business and professional clients.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name FAITH E LAMPREY		Vice-President Name	
Street Address 5 OLD NASONVILLE ROAD		Street Address	
City HARRISVILLE	State RI	Zip 02830	
Secretary Name FAITH E LAMPREY		Treasurer Name FAITH E LAMPREY	
Street Address 5 OLD NASONVILLE ROAD		Street Address 5 OLD NASONVILLE ROAD	
City HARRISVILLE	State RI	Zip 02830	
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued <input type="checkbox"/> Check the box to indicate an attachment	
Changes require an additional filing.		NUMBER OF SHARES 4,000	CLASS/SERIES Common
		PAR VALUE 0.00	
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 FAITH E LAMPREY		Date 1/4/21	
Signature of Authorized Representative <i>Faith Lamprey</i>		FILED	

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

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BY 64V05