RI SOS Filing Number: 202190345020 Date: 2/5/2021 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

FILED

FEB 0 5 2021

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\rightarrow	Filing period:	: January 1 - March 1	

→ Filing Fee \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

Ferfally. Additional \$25.	.00 166 11 101111 15 1	ot lifed by April 1.			BY.	TA			
Entity ID Number	Entity ID Number 2. Exact name of the Corporation								
17822	LANCE	INDUSTRIES,	INC.						
3. Principal Office Address			City		State	Zip			
1119 Douglas Avenue			North Provi	idence	RI	02904			
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island							
33999 9	Foam prod	Foam products fabrication							
5. State of Incorporation									
RI									
7. List ALL officers (names an	d addresses)		Check the box to indicate an attachment						
President Name Steven A. Lancia			Vice-President Name Steven A. Lancia						
Street Address 1119 Douglas	Street Address 1119 Douglas Avenue								
City North Providence	State 51	State RI Zip 02904		City North Providence		Zip 02904			
		02904							
Secretary Name Steven A. Lan	Treasurer Name Steven A. Lancia								
Street Address 1119 Douglas Avenue			Street Address 1119 Douglas Avenue						
City North Providence	State RI	^{Zip} 02904	City North Providence		State RI	^{Zip} 02904			
8. List ALL directors (names a	nd addresses)		•	Chec	k the box to i	ndicate an attachment			
Director Name	_		Director Name	•					
0									
Street Address			Street Address						
City	State	Zip	City		State	Zip			
			D: L. N.						
Director Name		Director Name							
Street Address		Street Address							
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Is	sued	Chec	k the box to i	ndicate an attachment			
This information is currently of	record in the		OF SHARES CLASS/SERIES PAR VALUE						
Department of State.		300		Common A		No Par			
Changes require an additional f	2700	2700		Common B					
11. This report must be execu					oration is in	the hands of a receiver or			
trustee, this report must be ex Under penalty of perjury, I d	leclare and affirm	that I have examin	ned this report, i		mpanying s	chedules and			
statements, and that alf stat Name of Authorized Regreser		<u>a nerein are true al</u>	na correct.		Date	1 /5			
Steven A. Lancia				1/28/21					
Signature of Authorized/Repr	sentative	81071 20	OCUMENT HERY.	-		(*			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov