



Department of State - Business Services Division

Annual Report for the year: 2021
 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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1. Entity ID Number 000045855		2. Exact name of the Corporation LBC CORPORATION	
3. Principal Office Address 1296 PARK EAST DR.		City WOODSOCKET	State RI
4. NAICS Code 561990		6. Brief description of the character of business conducted in Rhode Island TRADE SHOW REGISTRATION SERVICES	
5. State of Incorporation RI		7. List ALL officers (names and addresses)	

President Name PATRICIA RICHARDS		Vice-President Name PAUL J RICHARDS	
Street Address 1483 IRON MINE HILL RD		Street Address 1483 IRON MINE HILL RD	
City NO SMITHFIELD	State RI	Zip 02896	City NO SMITHFIELD
Secretary Name PATRICIA RICHARDS		Treasurer Name PAUL J. RICHARDS	
Street Address 1483 IRON MINE HILL RD		Street Address 1483 IRON MINE HILL RD	
City NO SMITHFIELD	State RI	Zip 02896	City NO SMITHFIELD

8. List ALL directors (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
Director Name THOMAS RICHARDS		Director Name	
Street Address 845 CHARLES ST		Street Address	
City PROV.	State RI	Zip 02904	City
Director Name PATRICIA RICHARDS		Director Name	
Street Address 1483 IRON MINE HILL RD		Street Address	
City NO SMITHFIELD	State RI	Zip 02896	City

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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
Changes require an additional filing.		1000	CNP	0	

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 PATRICIA RICHARDS		Date 12/15/20
Signature of Authorized Representative Patricia Richards		

FILED

FEB 8 2021

BY HDCJY

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