State of Rhode Island

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	2. Exact name of the Corporation
0000 45855	LBG CORPORATION

3. Principal Office Address	City	State	Zip
1296 PARK EAST DR.	WOONSOCKET	RI	02895

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561990	TRADE SHOW REGISTRATION SERVICES
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
PATRICIA RICHARDS	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 State: RI Zip: 02896
Secretary Name	**Treasurer Name**
PATRICIA RICHARS	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 State: RI Zip: 02896

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
THOMAS RICHARDS	
Street Address: 845 CHARLES ST	Street Address:
City: PROV. State: RI Zip: 02904	City: State: Zip:
Director Name	**Director Name**
PATRICIA RICHARDS	
Street Address: 1483 IRON MINE HILL RD	Street Address:
City: NO SMITHFIELD State: RI Zip: 02896	City: State: Zip:

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9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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: HDCJ 10:52

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: 08/2020