RI SOS Filing Number: 20	2190390750	Date: 2/8/2	021 10:51:00 AN	<u></u>	-
Department of State - Busin	ess Services	Division			
Annual Report for the year: Corporation	20,20		R.L. DESC	Elven	
 → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is no 	R.I. DE	RECEIVED PT. OF STATE SYCS DIV	2020 DEC 21	OF STATE	•
1. Entity ID Number 2. Exact name	e of the Odd ora[ုန်	· · · · · · · · · · · · · · · · · · ·		1712:15	
0000 45855 LBC	CORPA	- / - (1) /1	9~/	1	
3 Principal Office Address 1296 PARK EAST DR		City	NSOCKET	State	zip - 0289
4. NAICS Code 6. Brief descri	ption of the charac	ter of business co	nducted in Rhode Isla	and	Dask
561990 TRAD 5. State of Incorporation RT	E SHOW	' KEGI.	STRATION	v se	RUICES
7. List ALL officers (names and addresses) President Name			Check the	box to indica	ite an attachment. I
PATRICIA RICHARD	<u>S</u>	Vice-President N	lame 🧳	CHARI	<u> </u>
Street Address 1983 FRON M, NE HILL City State of the	RD	Street Address	FRON,	MINE	, 1 ×
Secretary Name () State	02896	Wo. SMI	THFIELD	State	2ip 0896
Street Address		Treasurer Name TAVL J. RICHARDS			
1483 IRON MINE HLL	RD	Street Address	TRUN MINI	1/	. B
INU SMITHFIELD State XI	2ip 02896	City No SM		State LT	21p 20 21p 20 21p 20
8. List ALL directors (names and addresses) Director Name				box to indica	e an altachment [
Street Address RICHARI	>5	Director Name		:	SVI SVI
845 CHARLES ST		Street Address			B CS D S D S D S D S D S D S D S D
City PROV. State I	2ip 2804	City	S		Zip< ≥
Director Name HTRICIA KICHARD		Director Name			<u> </u>
Street Address FRON MINE HILL	RD	Street Address			
City No SMITHFIELD State	82896	City	St	ate	Zip
This information is currently of record in the	10. Shares Issue		Check the b	ox to indicate	an attachment
Department of State.		1000	CLASS/SERIES		PAR VALUE
Changes require an additional filing.		/	CNP		
11. This report must be executed on behalf of the contrustee, this report must be executed on behalf of the	poration by an auth	horized representa	ative. If the corporation	n is in the har	ids of a receiver or
Under penalty of perjury, I declare and affirm that	I have examined	this report inclu	e.	des sets del	
statements, and that all statements contained her Name of Authorized Representative	ein are true and c	orrect.			es ano
PATKICIA KICHAK Signature, of Authorized Representative	.DS		Da	" 2/15	/20
Latricia Kichsra	la	FILED			·
AAIL TO:					

Division of Business Services

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

Phone: (401) 222-3040 Nebsite: www.sos.ni.gov

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