



State of Rhode Island and Providence Plantations

## 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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BUS SVCS DIV

2021 FEB 23 AM 11:52

1. Entity ID Number <b>64449</b>		2. Exact name of the Corporation <b>LAMCO ADVISORY SERVICES, INC.</b>	
3. Principal Office Address <b>1525 INTERNATIONAL PARKWAY, SUITE 2071</b>		City <b>LAKE MARY</b>	State <b>FL</b>
		Zip <b>32746</b>	
4. NAICS Code <b>523930</b>	6. Brief description of the character of business conducted in Rhode Island <b>PROVIDE INVESTMENT ADVISORY SERVICES</b>		
5. State of Incorporation <b>RHODE ISLAND</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>MARK LAMORIELLO</b>		Vice-President Name	
Street Address <b>1525 INTERNATIONAL PARKWAY, SUITE 2071</b>		Street Address	
City <b>LAKE MARY</b>	State <b>FL</b>	Zip <b>32746</b>	
Secretary Name <b>MARK LAMORIELLO</b>		Treasurer Name <b>MARK LAMORIELLO</b>	
Street Address <b>1525 INTERNATIONAL PARKWAY, SUITE 2071</b>		Street Address <b>1525 INTERNATIONAL PARKWAY, SUITE 2071</b>	
City <b>LAKE MARY</b>	State <b>FL</b>	Zip <b>32746</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>NICHOLAS J. LAMORIELLO</b>		Director Name	
Street Address <b>1525 INTERNATIONAL PARKWAY, SUITE 2071</b>		Street Address	
City <b>LAKE MARY</b>	State <b>FL</b>	Zip <b>32746</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		1,000	COMMON
			\$1.00
Changes require an additional filing.			
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			
<b>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.</b>			
Name of Authorized Representative <b>MARK LAMORIELLO, PRESIDENT</b>			Date <b>2/10</b> , 2021
Signature of Authorized Representative 			

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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FORM 630 - Revised: 10/2017