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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB 23 A 11:52

1. Entity ID Number	2. Exact name of the Corporation
64449	LAMCO ADVISORY SERVICES, INC.

3. Principal Office Address	City	State	Zip
1525 INTERNATIONAL PARKWAY, SUITE 2071	LAKE MARY	FL	32746

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
523930	PROVIDE INVESTMENT ADVISORY SERVICES
5 State of Incorporation: RHODE ISLAND	

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

President Name: MARK LAMORIELLO			Vice-President Name:		
Street Address: 1525 INTERNAITONAL PARKWAY, SUITE 2071			Street Address:		
City: LAKE MARY	State: FL	Zip: 32746	City:	State:	Zip:
Secretary Name: MARK LAMORIELLO			Treasurer Name: MARK LAMORIELLO		
Street Address: 1525 INTERNATIONAL PARKWAY, SUITE 2071			Street Address: 1525 INTERNATIONAL PARKWAY, SUITE 2071		
City: LAKE MARY	State: FL	Zip: 32746	City: LAKE MARY	State: FL	Zip: 32746

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

Director Name: NICHOLAS J. LAMORIELLO			Director Name:		
Street Address: 1525 INTERNATIONAL PARKWAY, SUITE 2071			Street Address:		
City: LAKE MARY	State: FL	Zip: 32746	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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

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

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	COMMON	$1.00

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	Date
MARK LAMORIELLO, PRESIDENT	2/10, 2021

Signature of Authorized Representative

FILED

FEB 23 2021

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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: 10/2017