



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.

FILED
MAR 05 2021 STAMP
BY 935919 *OR*

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------|-----------------------|
| 1. Entity ID Number 486170 | | 2. Exact name of the Corporation LAKESHORE EQUIPMENT COMPANY | | | |
| 3. Principal Office Address 2695 E. DOMINGUEZ ST | | | City CARSON | State CA | Zip 90895 |
| 4. NAICS Code <u>424110</u> | | 6. Brief description of the character of business conducted in Rhode Island RETAIL SALES OF EDUCATIONAL SUPPLIES AND EQUIPMENT | | | |
| 5. State of Incorporation CALIFORNIA | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name DAVID BO KAPLAN | | | Vice-President Name CHARLES P. KAPLAN | | |
| Street Address 2695 E. DOMINGUEZ ST. | | | Street Address 2695 E. DOMINGUEZ ST. | | |
| City CARSON | State CA | Zip 90895 | City CARSON | State CA | Zip 90895 |
| Secretary Name JOSHUA KAPLAN | | | Treasurer Name JOSHUA KAPLAN | | |
| Street Address 2695 E. DOMINGUEZ ST. | | | Street Address 2695 E. DOMINGUEZ ST. | | |
| City CARSON | State CA | Zip 90895 | City CARSON | State CA | Zip 90895 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name MICHAEL A. KAPLAN | | | Director Name DAVID BO KAPLAN | | |
| Street Address 2695 E. DOMINGUEZ ST. | | | Street Address 2695 E. DOMINGUEZ ST. | | |
| City CARSON | State CA | Zip 90895 | City CARSON | State CA | Zip 90895 |
| Director Name JOSHUA KAPLAN | | | Director Name CHARLES P. KAPLAN | | |
| Street Address 2695 E. DOMINGUEZ ST. | | | Street Address 2695 E. DOMINGUEZ ST. | | |
| City CARSON | State CA | Zip 90895 | City CARSON | State CA | Zip 90895 |
| 9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued | | |
| | | | NUMBER OF SHARES 750 | CLASS/SERIES COMMON/A | PAR VALUE \$100.00 |
| 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 ROSE BENTSEN | | | | | Date 02/05/21 |
| Signature of Authorized Representative | | | | | |

MAIL TO:

Division of Business Services

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