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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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|---|--------------|----|
| ı | 1400         |    |

| 1. Entity ID Number  | 2. Exact nan  | 2. Exact name of the Corporation   |                    |                          |   |                           |  |  |  |
|--|---|--|--------------------|--------------------------|---|---------------------------|--|--|--|
| 000115433  | LORI IN   | LORI INVESTMENTS, INC.   |                    |                          |   |                           |  |  |  |
| 3. Principal Office Address  | <u> </u>  | - <u>.</u>   | City               |                          |   | Žip                       |  |  |  |
| PO BOX 5892  |   |  | PROVIDENCE         |                          | RI                                      | 02903                     |  |  |  |
| 4. NAICS Code  |   | 6 Brief description of the character of business conducted in Rhode Island |                    |                          |   |                           |  |  |  |
| 531390   | TO BUY. SELL, LEASE, REPAIR. REHABILITATE AND OTHERWISE INVEST IN REAL ESTATE |  |                    |                          |   |                           |  |  |  |
| State of Incorporation   |   |  |                    |                          |   |                           |  |  |  |
| RI   | i   |  |                    |                          |   |                           |  |  |  |
| 7. List ALL officers (names a  | nd addresses)   |  |                    |                          | the bex to in                           | dicate en attachment 🗀    |  |  |  |
| President Name MICHAEL J.  | Vice-President Name MICHAEL J. RILEY, JR.                                     |  |                    |                          |   |                           |  |  |  |
| Street Address PO BOX 5892   | Street Address PO BOX 5892  |  |                    |                          |   |                           |  |  |  |
| City PROVIDENCE  | State RI  | <sup>Zip</sup> 02903   | City PROVID        | City PROVIDENCE          |   | Zip 02903                 |  |  |  |
| Secretary Name JOY E. RILE   | Treasurer Name MICHAEL J. RILEY, JR   |  |                    |                          |   |                           |  |  |  |
| Street Address PO BOX 5892   | Street Address PO BOX 5892  |  |                    |                          |   |                           |  |  |  |
| City PROVIDENCE  | State RI  | Z <sub>IP</sub> 02903  | City PROVIDENCE    |                          | State RI                                | <sup>Zip</sup> 02903      |  |  |  |
| 8. List ALL directors (names   | and addresses)  |  |                    | Check                    | the box to in                           | idicate an attachment 🔲   |  |  |  |
| Director Name<br>NONE  | Director Name   | Director Name  |                    |                          |   |                           |  |  |  |
| Street Address   | Street Address  |  |                    |                          |   |                           |  |  |  |
| City   | State   | Zıp  | City               |                          | State                                   | Zıp                       |  |  |  |
| Director Name  |   |  | Director Name      |                          |   |                           |  |  |  |
| Character Address  |   |  |                    |                          |   |                           |  |  |  |
| Street Address   |   | Street Address   |                    |                          |   |                           |  |  |  |
| City   | State   | Z <sub>i</sub> p   | City               |                          | State                                   | Zıp                       |  |  |  |
| 9 Shares Authorized  |   | 10. Shares Is  | 10. Shares Issued  |                          | Check the box to indicate an attachment |                           |  |  |  |
| This information is currently of record in the<br>Department of State. |   | 200  | OF SHARES          | CLASS/SERIE<br>COMMON    | <u>:s</u>                               | NONE PAR VALUE            |  |  |  |
| Changes require an additiona   |   | <u> </u>   |                    |                          |   |                           |  |  |  |
| 11. This report must be exec   | uted on behalf of the   | corporation by an  | authorized repre   | I sentative. If the corp | oration is in t                         | he hands of a receiver or |  |  |  |
| trustee, this report must be a   | executed on behalf of   | f the corporation by   | the receiver or to | rustee.                  |   |                           |  |  |  |
| Under penalty of perjury, I statements, and that all st                |   |  |                    | including any accoi      | mpanying so                             | enedules and              |  |  |  |
| Name of Authorized Reples  | ntative   |  |                    | Date                     |   |                           |  |  |  |
| MICHAEL J. RILEY, JR   |   |  | 2-22-21            |                          |   |                           |  |  |  |
| Signature of Authorized Rep  | resentative   |  | 2                  |                          | <del></del>                             |                           |  |  |  |
|  |   |  |                    |                          |   |                           |  |  |  |

Phone: (401) 222-3040 Website: www.sos.ri.gov