



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 09 2022

B:

1. Entity ID Number 151687		2. Exact name of the Corporation Lazyman's Lobster Creations, Inc.	
3. Principal Office Address 11 Owen Avenue		City Pawtucket	State RI
		Zip 02860	
4. NAICS Code 323117	6. Brief description of the character of business conducted in Rhode Island market and sell clothing, accessories, books and related items with a unique closure and crust ocean theme		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Michelle C LeBeau		Vice-President Name Joshua M LeBeau	
Street Address 11 Owen Avenue		Street Address 11 Owen Avenue	
City Pawtucket	State RI	Zip 02860	City Pawtucket
		State RI	Zip 02860
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	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 <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		10,000	Common
			.01
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 Michelle C. LeBeau			Date 3-2-22
Signature of Authorized Representative Michelle C LeBeau			