



State of Rhode Island

RI SOS Filing Number: 202327925620 Date: 2/6/2023 4:00:00 PM

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FEB 06 2023

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- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 17822		2. Exact name of the Corporation LANCE INDUSTRIES, INC.					
3. Principal Office Address 55 Industrial Circle			City Lincoln	State RI	Zip 02865		
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Foam products fabrication					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Steven A. Lancia			Vice-President Name Steven A. Lancia				
Street Address 55 Industrial Circle			Street Address 55 Industrial Circle				
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865		
Secretary Name Steven A. Lancia			Treasurer Name Steven A. Lancia				
Street Address 55 Industrial Circle			Street Address 55 Industrial Circle				
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865		
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
			300		Common A	No Par	
			2700		Common B		
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 Steven A. Lancia					Date 1/30/23		
Signature of Authorized Representative							

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: 11/2021