



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

MAR 01 2023

BY 576

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1. Entity ID Number 92995		2. Exact name of the Corporation Lauren Sue, Inc.			
3. Principal Office Address 105 White Pines Trail		City Charlestown		State RI	Zip 02813
4. NAICS Code 336611		6. Brief description of the character of business conducted in Rhode Island Engage in a general seafood business.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark H. Jones			Vice-President Name Donna Jones		
Street Address 105 White Pines Trail			Street Address 105 White Pines Trail		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Mark H. Jones			Treasurer Name Donna Jones		
Street Address 105 White Pines Trail			Street Address 105 White Pines Trail		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mark H. Jones			Director Name Donna Jones		
Street Address 105 White Pines Trail			Street Address 105 White Pines Trail		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		300	common	no par value	
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 Mark H. Jones, President				Date 1/30/23	
Signature of Authorized Representative 					