

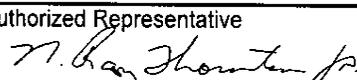


State of Rhode Island
Department of State - Business Services Division

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.

RECEIVED
 2023 APR 17 P 12:12

1. Entity ID Number 000163165		2. Exact name of the Corporation LMHT Associates, P.A.			
3. Principal Office Address 7208 ACC Blvd., 2nd Floor			City Raleigh	State NC	Zip 27617
4. NAICS Code 541310		6. Brief description of the character of business conducted in Rhode Island Architecture and engineering.			
5. State of Incorporation NC					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nelson Ray Thornton Jr.			Vice-President Name		
Street Address 7208 ACC Blvd., Second Floor			Street Address		
City Raleigh	State NC	Zip 27617	City	State	Zip
Secretary Name Glen R. Lehmann			Treasurer Name Glen R. Lehmann		
Street Address 7208 ACC Blvd., Second Floor			Street Address 7208 ACC Blvd., Second Floor		
City Raleigh	State NC	Zip 27617	City Raleigh	State NC	Zip 27617
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Glen R. Lehmann			Director Name Nelson Ray Thornton Jr.		
Street Address 7208 ACC Blvd., Second floor			Street Address 7208 ACC Blvd., Second Floor		
City Raleigh	State NC	Zip 27617	City Raleigh	State NC	Zip 27617
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		PAR VALUE
			1,000	CNP	900
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 Nelson Ray Thornton Jr.				Date 02/13/2023	
Signature of Authorized Representative 					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

APR 17 2023
12:14 BY ML SCWH4