



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2023**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
JUL 08 2023
BY 388

1. Entity ID Number 000488357		2. Exact name of the Corporation Lax & Company, Inc.			
3. Principal Office Address 3616 Post Road		City Warwick		State RI	Zip 02886
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island INSURANCE AND FINANCIAL			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ryan A. Lax		Vice-President Name			
Street Address 3616 Post Road		Street Address			
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Ryan A. Lax		Treasurer Name Ryan A. Lax			
Street Address 3616 Post Road		Street Address 3616 Post Road			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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 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
		100		Common	No Par Value
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
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 Ryan A. Lax					Date 3/8/23
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov