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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 06 2024
BY

Annual Report for the year: 2024
Corporation

→ 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	2. Exact name of the Corporation		
000151687	Lazyman's Lobster Creations, Inc.		
3. Principal Office Address	**City**	**State**	**Zip**
11 Owen Avenue	Pawtucket	RI	02860
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
323117	manufacture and sell novelty items and childrens books based on Crustacean items with a zipper opening		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Michelle C LeBeau			Joshua M LeBeau		
Street Address			**Street Address**		
11 Owen Avenue			11 Owen Avenue		
City	**State**	**Zip**	**City**	**State**	**Zip**
Pawtucket	RI	02860	Pawtucket	RI	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 ☐

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

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 ☐

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	Date
Michelle C LeBeau	2-1-24

Signature of Authorized Representative: Michelle C LeBeau

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: 12/2023