State of Rhode Island
Department of State - Business Services Division

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.

FILED STAMP
FEB 26 2024
FOR SECRETARY OF STATE USE ONLY
BY

1. Entity ID Number	2. Exact name of the Corporation
001011416	LR Associates, Inc.

3. Principal Office Address	City	State	Zip
4646 Post Road, #1	East Greenwich	RI	02818

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
423840	Facilitate machinery and equipment sales.
5. State of Incorporation: Rhode Island	

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

President Name: Larry Razza			Vice-President Name:		
Street Address: 4646 Post Road, #1			Street Address:		
City: East Greenwich	State: RI	Zip: 02818	City:	State:	Zip:
Secretary Name: Larry Razza			Treasurer Name: Larry Razza		
Street Address: 4646 Post Road, #1			Street Address: 4646 Post Road, #1		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818

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

Director Name: Larry Razza			Director Name:		
Street Address: 4646 Post Road, #1			Street Address:		
City: East Greenwich	State: RI	Zip: 02818	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
8,000.00	STK	$0.0100

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
Larry Razza	2-20-24

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