



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
MAR 12 2024
BY 18979

1. Entity ID Number 62331		2. Exact name of the Corporation L & M MANAGEMENT, INC.				
3. Principal Office Address 155 Jenckes Hill Road			City Lincoln	State RI	Zip 02865	
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL, OWN AND MANAGE REAL ESTATE.				
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 MICHEL G. LAMBERT			Vice-President Name LUC M. LAMBERT			
Street Address 155 Jenckes Hill Road			Street Address 60 Madeira Avenue			
City Lincoln	State RI	Zip 02865	City Central Falls	State RI	Zip 02863	
Secretary Name MICHEL G. LAMBERT			Treasurer Name LUC M. LAMBERT			
Street Address 155 Jenckes Hill Road			Street Address 60 Madeira Avenue			
City Lincoln	State RI	Zip 02865	City Central Falls	State RI	Zip 02863	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name MICHEL G. LAMBERT			Director Name LUC M. LAMBERT			
Street Address 155 Jenckes Hill Road			Street Address 60 Madeira Avenue			
City Lincoln	State RI	Zip 02865	City Central Falls	State RI	Zip 02863	
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		CLASS/SERIES	PAR VALUE	
		200		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 MICHEL G. LAMBERT, PRESIDENT					Date February 6, 2024	
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