



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.

RECORDED
22 MAR 2024
SECRETARY OF STATE
STAMP

1. Entity ID Number 000115433		2. Exact name of the Corporation LORI INVESTMENTS, INC.	
3. Principal Office Address PO BOX 5892		City PROVIDENCE	State RI
		Zip 02903	
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL, LEASE, REPAIR, REHABILITATE AND OTHERWISE INVEST IN REAL ESTATE		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MICHAEL J. RILEY, SR.		Vice-President Name JOY E. RILEY	
Street Address 178 BROADWAY		Street Address 178 BROADWAY	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02903		Zip 02903	
Secretary Name JOY E. RILEY		Treasurer Name MICHAEL J. RILEY, SR.	
Street Address 178 BROADWAY		Street Address 178 BROADWAY	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02903		Zip 02903	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		200	COMMON
			NONE
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 MICHAEL J. RILEY, SR.		Date 2-28-2024	
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

BY

MAR 12 2024

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