



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2025

## 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

FEB 05 2025  
BY 3285

AA

1. Entity ID Number 17822		2. Exact name of the Corporation LANCE INDUSTRIES, INC.												
3. Principal Office Address 55 Industrial Circle			City Lincoln	State RI	Zip 02865									
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Foam products fabrication												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Steven A. Lancia			Vice-President Name Steven A. Lancia											
Street Address 55 Industrial Circle			Street Address 55 Industrial Circle											
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865									
Secretary Name Steven A. Lancia			Treasurer Name Steven A. Lancia											
Street Address 55 Industrial Circle			Street Address 55 Industrial Circle											
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>300</td> <td>Common A</td> <td>No Par</td> </tr> <tr> <td>2700</td> <td>Common B</td> <td>No Par</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	Common A	No Par	2700	Common B	No Par
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
300	Common A	No Par												
2700	Common B	No Par												
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 Steven A. Lancia					Date 1/27/25									
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