RI SOS Filing Number: 202566630080 Date: 3/4/2025 4:00:00 PM

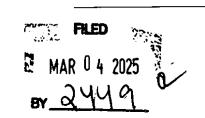
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## State of Rhode Island

## **Department of State - Business Services Division**

i Report for the year: 2025

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00



Penalty: Additional \$25.0	0 fee if form is no	t filed by May 31.					
Entity ID Number	2. Exact name of the Corporation						
001011416	LR Associates, Inc.						
3. Principal Office Address	Address			<del></del>	State	Zıp	
4646 Post Road, #1			East G	Greenwich	RI	02818	
4. NAICS Code	6. Brief descri	ption of the charact	er of busines	s conducted in Rhoo	de 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-Presid	Vice-President Name			
Street Address 4646 Post Road, #1			Street Addi	Street Address			
City East Greenwich	State RI	<sup>Zip</sup> 02818	City		State	Zip	
Secretary Name Larry Razza			Treasurer Name Larry Razza				
		<u> </u>	Street Addi			<del></del>	
Street Address 4646 Post Ro		Tar.	0:5:	4646 Post Road, #1			
City East Greenwich	State RI	<sup>Zip</sup> 02818	City East Greenwich		State RI	<sup>Z</sup> p 02818	
8. List ALL directors (names and	addresses)		Interes 11		ie box to indicate	an attachment	
Director Name Larry Razza			Director Na	aille			
Street Address 4646 Post Road, #1			Street Add	Street Address			
City East Greenwich	State RI	<sup>Zip</sup> 02818	City		State	Ζiρ	
Director Name			Director Na	Director Name			
Street Address			Street Address				
					Tours	17	
City	State	Zip	City		State	Zıp	
9. Shares Authorized	10. Shares Iss						
This information is currently of re	cord in the	NUMBER OF	SHARES	20.0400		PAR VALUE	
Department of State.	0,000.00			STK	STK \$0.0100		
Changes require an additional fili	ing.						
11. This report must be execute	d on behalf of the	corporation by an a	uthorized rep	presentative. If the co	orporation is in th	e hands of a re-	
ceiver or trustee, this report mus Under penalty of perjury, I dec	clare and affirm t	hat I have examine	ed this repol	receiver of trustee. rt, including any ac	companying sci	hedules and	
statements, and that all statements contained herein are true and correct.							
Name of Authorized Representative  Larry Razza					2-25-25		
Signature of Authorized Repres	entative		<del>,</del>				
	Ris						
						<del></del>	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov