



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.

REC'D RPDOS BSC
MAR 21 9:31:25

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	Zip 02903	City PROVIDENCE	State RI	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	Zip 02903	City PROVIDENCE	State RI	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	Zip	City	State	Zip
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"/>		NUMBER OF SHARES		CLASS/SERIES	
		200		COMMON	
This information is currently of record in the Department of State. Changes require an additional filing.		PAR VALUE		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 3/12/25	
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

FILED
MAR 21 2025
BY 3625 AA.