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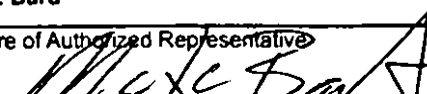
2019 AUG 26 P 1:54



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 119178		2. Exact name of the Corporation Lu-Lin, Inc.			
3. Principal Office Address 240 Vernon Dr.			City Chepachat	State RI	Zip 02814
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island to accuire, buy, purchase, lease or otherwise and to improve and develop real property			
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 Mark A. Bard			Vice-President Name		
Street Address PO Box 712			Street Address		
City Chepachat	State RI	Zip 02814	City	State	Zip
Secretary Name Mark A. Bard			Treasurer Name Mark A. Bark		
Street Address PO Box 712			Street Address PO Box 712		
City Chepachat	State RI	Zip 02814	City Chepachat	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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		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 Mark A. Bard				Date 08/26/2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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

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