



State of Rhode Island
Department of State - Business Services Division

STAMP

FOR SECRETARY OF STATE USE ONLY

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

| | | | |
|--|---|--|-----------------------|
| 1. Entity ID Number 719747 | | 2. Exact name of the Corporation LEMOS INTERNATIONAL COMPANY, INC. | |
| 3. Principal Office Address 580 Maple Ave., Suite 1 (Mail: P.O. Box 719) | | City Barrington | State RI |
| | | Zip 02806 | |
| 4. NAICS Code 423610 | 6. Brief description of the character of business conducted in Rhode Island Electronic Distribution | | |
| 5. State of Incorporation MASSACHUSETTS | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Daniel Lemos | | Vice-President Name None | |
| Street Address 580 Maple Ave. Ste 1 - Mail: P.O. Box 719 | | Street Address | |
| City Barrington | State RI | Zip 02806 | |
| Secretary Name Daniel Lemos | | Treasurer Name Daniel Lemos | |
| Street Address 580 Maple Ave. Ste 1 - Mail: P.O. Box 719 | | Street Address 580 Maple Ave. Ste 1 - Mail: P.O. Box 719 | |
| City Barrington | State RI | Zip 02806 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Daniel Lemos | | Director Name None | |
| Street Address 580 Maple Ave. Ste 1 - Mail: P.O. Box 719 | | Street Address | |
| City Barrington | State RI | Zip 02806 | |
| Director Name | | Director Name None | |
| Street Address | | Street Address | |
| 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 | |
| | | 100 | Common |
| | | | \$10 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 Daniel Lemos | | Date 2/11/2022 | |
| Signature of Authorized Representative <i>[Handwritten Signature]</i> | | FILED | |

FEB 11 2022

BY *[Signature]* 8184