



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

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 BUS SVCS DIV

STAMP

2023 JAN 23 P 2:14

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	City	State	Zip
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	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	City	State	Zip
Director Name			Director Name None		
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
		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 1/18/23	
Signature of Authorized Representative 				FILED	

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
JAN 23 2023
BY ML 594ZJ