



State of Rhode Island  
Department of State - Business Services Division

**FILED**

**STAMP**  
**FEB 07 2023**

BY 15603  
PS

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.

1. Entity ID Number <b>000051630</b>		2. Exact name of the Corporation <b>The Lock Shop, Inc.</b>			
3. Principal Office Address <b>20 Oakdale Road</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>444190</b>		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation <b>RHODE ISLAND</b>		<b>SALE, MANUFACTURE AND SERVICE OF LOCKS AND KEYS.</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JEFFREY M. OWEN</b>			Vice-President Name		
Street Address <b>6810 Post Road</b>			Street Address		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Secretary Name <b>JEFFREY M. OWEN</b>			Treasurer Name <b>JEFFREY M. OWEN</b>		
Street Address <b>6810 Post Road</b>			Street Address <b>6810 Post Road</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		300		COMMON	
		PAR VALUE		\$0.000	
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.					
<b>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.</b>					
Name of Authorized Representative <b>JEFFREY M. OWEN, PRESIDENT</b>					Date <b>2/1/23</b>
Signature of Authorized Representative 					