



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
 Corporation

FEB 12 2024
 BY 15230
DS

- 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 000051630		2. Exact name of the Corporation The Lock Shop, Inc.			
3. Principal Office Address 20 Oakdale Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 444190		6. Brief description of the character of business conducted in Rhode Island SALE, MANUFACTURE AND SERVICE OF LOCKS AND KEYS.			
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 JEFFREY M. OWEN			Vice-President Name		
Street Address 6810 Post Road			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name JEFFREY M. OWEN			Treasurer Name JEFFREY M. OWEN		
Street Address 6810 Post Road			Street Address 6810 Post Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	COMMON	\$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. 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 JEFFREY M. OWEN, PRESIDENT					Date 2/1/2024
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov