

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005341

Entity Name: LAWRENCE-LYNCH CORP.**Current Principal Place of Business:**396 GIFFORD ST
FALMOUTH, MA 02540**Current Mailing Address:**PO BOX 913
FALMOUTH, MA 02541 US**FEI Number:** 01-0807936**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GENT, ROBERT
14 HARBOUR ISLE DRIVE W, UNIT PH-6
FORT PIERCE, FL 34949 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ROBERT GENT

03/14/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|----------------------|
| Title | DPT |
| Name | LYNCH, CHRISTOPHER M |
| Address | PO BOX 913 |
| City-State-Zip: | FALMOUTH MA 02541 |

| | |
|-----------------|-------------------------|
| Title | D |
| Name | RODRIQUEZ, RAQUEL M |
| Address | 325 BAXTERS NECK ROAD |
| City-State-Zip: | MARSTONS MILLS MA 02648 |

| | |
|-----------------|---------------------|
| Title | S |
| Name | CHRISTIANI, DORIS A |
| Address | PO BOX 913 |
| City-State-Zip: | FALMOUTH MA 02541 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DORIS CHRISTIANI

CFO

03/14/2023

Electronic Signature of Signing Officer/Director Detail

Date