Form	Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan					OMB Nos. 1210-0110 1210-0089		
	ent of the Treasury Revenue Service	This form is required to be file		-	etirement		2015	
Employee Benef	tment of Labor its Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the			orm is Open to c Inspection	
	it Guaranty Corporation	Complete all entries in		structions to the Form 5	500-SF.	1 dbh		
		lentification Information al plan year beginning 01/01/2		and ending 1	2/31/2015			
A This return	[a single-employer plan	X a multiple-employe	r plan (not multiemployer) employer information in ad	(Filers check	-		
B This return/	/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 m	nonths)			
C Check box	if filing under:	 Form 5558 special extension (enter desc 	automatic extensio	n	_ D	FVC progra	am	
Part II E	Basic Plan Inforr	nation —enter all requested in						
1a Name of					1b Three plan r (PN) 1c Effect	number ▶	001 plan	
		r, if for a single-employer plan) apt., suite no. and street, or P.C). Box)		2b Emplo	yer Identifi	/1982 cation Number 056236	
	wn, state or province,	country, and ZIP or foreign post		nstructions)	· · ·		one number	
3616 POST RO					2d Busine		ee instructions)	
WARWICK, RI (J2886					5242	10	
3a Plan adm	inistrator's name and	address Same as Plan Spon	sor.		3b Admir	istrator's E	IN	
							elephone number	
	IN, and the plan numb	blan sponsor has changed since per from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN 4c PN			
		the beginning of the plan year			-		3	
		the end of the plan year			51		2	
C Number of	of participants with ac	count balances as of the end of	the plan year (defined b	enefit plans do not	5c		2	
d(1) Total n	number of active partic	cipants at the beginning of the p	an year		5d(1)		2	
		cipants at the end of the plan ye			5d(2)		2	
than 100	0% vested	rminated employment during the incomplete filing of this return			5e use is establ	lished.	0	
Under penaltie SB or Schedu	es of perjury and othe	r penalties set forth in the instru signed by an enrolled actuary, a	ctions, I declare that I ha	ive examined this return/re	port, includin	g, if applica		
SIGN Fi		lid electronic signature.	10/13/2016	RYAN LAX				
	Signature of plan adr	ninistrator	Date	Enter name of individ	lual signing a	s plan adm	inistrator	
SIGN HERE	Signature of complete	vr/nlan sponsor	Data	Entor nome of individ	luol oigning -	omployer		
	Signature of employe me (including firm nar	er/plan sponsor ne, if applicable) and address (ii	Date nclude room or suite nun	Enter name of individ	Preparer's			
For Paperwork	Reduction Act Notice	and OMB Control Numbers, see th	e instructions for Form 55	100-SF.			Form 5500-SF (2015)	

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes No
	Are you claiming a waiver of the annual examination and report of a	•			•	,		X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann		,					Yes No
	f the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined
Par								
	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
	Total plan assets	7a	(<i></i>) = • g	1384				34449
<u> </u>	Total plan liabilities	7b						
C 1	Net plan assets (subtract line 7b from line 7a)	7c		1384	460			34449
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total
	Contributions received or receivable from:							
(1) Employers	8a(1)						
(2) Participants	8a(2)						
(3) Others (including rollovers)	8a(3)						
b (Other income (loss)	8b		-56	189	_		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		-56189
t	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d		1292	281			
e (Certain deemed and/or corrective distributions (see instructions)	8e						
f/	Administrative service providers (salaries, fees, commissions)	8f		1	541			
	Other expenses	8g						
<u>h</u> -	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1293822
	Net income (loss) (subtract line 8h from line 8c)	8i						-1350011
_ j -	Transfers to (from) the plan (see instructions)	8j						
Part	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2H 2J 2K 3B 3D	feature co	des from the List of Pla	an Chai	racteris	stic Co	odes in	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature coc	les from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	-		10a		х		
b	Were there any nonexempt transactions with any party-in-interest			Tua				
	reported on line 10a.)			10b		Х		
C	Was the plan covered by a fidelity bond?			10c	Х			150000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner person	s by an insurance					
	the plan? (See instructions.)			10e		Х		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Part	VI Pension Funding Compliance			,	1		1	1

11		ubject to minimum funding requirements? (If "Yes," see instructions and complete Schedule	e SB (Form	Yes No
11a	a Enter the unpaid minimum req	uired contribution for all years from Schedule SB (Form 5500) line 40 1	11a	
12	Is this a defined contribution p	lan subject to the minimum funding requirements of section 412 of the Code or section 302	2 of ERISA?	Yes X No

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					1		
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.		
b	Enter	the minimum required contribution for this plan year		12b			
-		the amount contributed by the employer to the plan for this plan year		12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a			
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					
	of th	e PBGC?	-			Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information	-				
14a	Name	of trust		14b	Trusťs E	IN	
14c	Nam	e of trustee or custodian		14d		's or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is th	e plan a 401(k) plan?		Ye	es	No	
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No	
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable	
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No	
19	Were	in-service distributions made during the plan year?		Ye	es	No	
	lf "Y€	es," enter amount		19			
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A

Multiple Employer Plan Participating Employer Information								
Lax and Company, Inc	c. 401(k) Plan 00	01 26-3956236						
Lax and Company, Inc. 401(k) Plan 26-3956236 100%								
Marvin William Lax and Company	05-0374189	0%						

Form 5500-SF	Short Form Ann	ual Return/Report of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Plan ed under sections 104 and 4065 of the Employee	Retirement	2015
Department of Labor Employee Benefits Security Administration		4 (ERISA), and sections 6057(b) and 6058(a) of th Revenue Code (the Code).		This Form is Open to
Pension Benefit Guaranty Corporation	▶ Complete all entries in	accordance with the instructions to the Form	5500-SF.	Public Inspection
	Identification Information			100 10005
For calendar plan year 2015 or fis	a single-employer plan	01/01/2015 and ending X a multiple-employer plan (not multiemployer)		$\frac{31}{2015}$
A This return/report is for:	a one-participant plan	list of participating employer information in a		
B This return/report is	the first return/report	the final return/report		
	an amended return/report	a short plan year return/report (less than 12 r		
C Check box if filing under:	X Form 5558	automatic extension		DFVC program
	special extension (enter desc			
	rmation-enter all requested ir	nformation	46	
1a Name of plan LAX AND COMPANY, INC	. 401(K) PLAN		1b Three plan (PN)	number 001
			1c Effec	tive date of plan 01/1982
	n, apt., suite no. and street, or P.		10-11-11-1 10-02-02-02-02-02-02-02-02-02-02-02-02-02	oyer Identification Number 26-3956236
City or town, state or province LAX AND COMPANY, IN		tal code (if foreign, see instructions)		sor's telephone number
				- 738-7776 less code (see instructions)
3616 POST ROAD			5242	
WARWICK	RI 02886			
3a Plan administrator's name an	d address XSame as Plan Spon	sor.	3b Admir	nistrator's EIN
×			3C Admir	nistrator's telephone number
name, EIN, and the plan num	plan sponsor has changed since nber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
a Sponsor's name			4c PN	
			5a	3
		the plan year (defined benefit plans do not	2.5. 	2
		the plan year (defined benefit plans do not	5c	2
d(1) Total number of active part	ticipants at the beginning of the p	lan year	5d(1)	2
		ar e plan year with accrued benefits that were less	5d(2)	2
than 100% vested			5e	0
Under penalties of perjury and oth	er penalties set forth in the instru signed by an enrolled actuary, a	n/report will be assessed unless reasonable ca ctions, I declare that I have examined this return/re as well as the electronic version of this return/report	port, includin	g, if applicable, a Schedule
SIGN SIGN	P	101316 Ryan Lax		
HERE Signature of plan ad	Iministrator	Date / Enter name of individ		e nlan administrator
SIGN A	n01	10/13/16 Ryan Lax	- ar organing a	e plan commodulor
HERE Signature of employ	er/plan sporsor	/ <i>\/_//0</i>	ual signing a	s employer or plan sponsor
Prepare 's name (including firm na	ame if applicable) and address (in	nclude room or suite number)		telephone number
\bigcirc				

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independ and conditio	ent qualified public ns.)	accoun	tant (IC	QPA)		-	K Yes K Yes	No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in							No 🗌 No	t determine	d
Pa	rt III Financial Information		N/LES							
7	Plan Assets and Liabilities		(a) Beginnin	ig of Ye	ar			(b) End of Y	ear	
а	Total plan assets	7a			34,46	0			34,4	149
b	Total plan liabilities	7b								
с	Net plan assets (subtract line 7b from line 7a)	7c		1,38	84,46	0			34,4	49
8	Income, Expenses, and Transfers for this Plan Year	100 A	(a) Amo	unt				(b) Total	1	
а	Contributions received or receivable from:						15.1			
	(1) Employers	8a(1)				-				N. 14
-	(2) Participants	8a(2)				-				1924
h	(3) Others (including rollovers)	8a(3)			C 10					
	Other income (loss)	8b			6,18	9				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		n Vilot ia		-		Second States	-56,1	.89
	to provide benefits)	8d		1,29	2,28	1				
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	-		1,54	1				
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1,293,8	22
i	Net income (loss) (subtract line 8h from line 8c)	8i			8.473			-	1,350,0	11
j	Transfers to (from) the plan (see instructions)	8j					1.			
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension t	feature code	s from the List of Pl	an Cha	racteri	stic Co	des in the	e instructions	5:	
	2A 2E 2H 2J 2K 3B 3D									
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	n Chara	acterist	ic Cod	les in the	instructions:		
Parl	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A			
a		ions within th	he time period		Tes	NO	IN/A	Am	ount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fidu	ciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not incl	ude transactions	10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х				150,	000
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons by e or all of the	y an insurance benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of vear end	5	10g		х				
	If this is an individual account plan, was there a blackout period? (S			iug						
	2520.101-3.)			10h		X	- 1, 1, 1,			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i						
j	Did the plan trust incur unrelated business taxable income?			10j					WILL A	
Part	VI Pension Funding Compliance			,						
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Yes	," see instructions a	and con	nplete	Sched	ule SB (F	orm	Yes 🗌 N	No
11a	Enter the unpaid minimum required contribution for all years from S						11a			94701
12	Is this a defined contribution plan subject to the minimum funding r				and the second se	Contraction of the local data		SA?	Yes X M	Vo

F	orm 5500-SF 2015	Pa	ge 3 -					
(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, ar	nd 12e below, as applicable.)						
	iver of the minimum funding standard for a prio g the waiver.				enter the Day_		e letter r Year	uling
If you co	npleted line 12a, complete lines 3, 9, and 10) of Schedule MB (Form 550(), and skip to line 13.					
b Enter th	e minimum required contribution for this plan	/ear			12b			
c Enter th	e amount contributed by the employer to the p	lan for this plan year			12c			
d Subtra	ct the amount in line 12c from the amount in lir e amount)	ne 12b. Enter the result (enter	a minus sign to the left of	ofa	12d			
e Will the	minimum funding amount reported on line 12	d be met by the funding deadli	ne?		Π	Yes 🗌	No	N/A
Part VII F	Plan Terminations and Transfers of	Assets	- (Phile 2000)					
13a Hasa	esolution to terminate the plan been adopted in a	ny plan year?				Yes	X No	
	" enter the amount of any plan assets that rev		and the second se		13a			
	II the plan assets distributed to participants or PBGC?						Yes X	No
c If durin	g this plan year, any assets or liabilities were t assets or liabilities were transferred. (See instr	ransferred from this plan to an						
	ame of plan(s):			13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII	Trust Information							
14a Name of					14b Trust's EIN			
14c Name	of trustee or custodian				14d	Trustee's o	r custodi	an's
						elephone r		011.0
Part IX	IRS Compliance Questions							
15a Is the p	an a 401(k) plan?				Yes	i	No	
	how does the 401(k) plan satisfy the nondiscr g contributions (as applicable) under sections				ba:	sign- sed safe bor thod	ADI tes	P/ACP
testing	P/ACP test is used, did the 401(k) plan perfor nethod" for nonhighly compensated employee i))?	s (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(n	n)-	Yes		No	
16a Check t	ne box to indicate the method used by the plan	to satisfy the coverage require	ements under section 4	10(b):	Ra per tes	centage		erage nefit test
	e plan satisfy the coverage and nondiscriminal with any other plans under the permissive ag				Yes		No	
17a Has the	plan been timely amended for all required tax	law changes?			Yes		No	N/A
	last plan amendment/restatement for the required w changes and codes).	uired tax law changes was ado	pted	Enter the a	applicabl	e code	_ (See i	nstruction
advisory	n sponsor is an adopter of a pre-approved ma letter, enter the date of that favorable letter	and	the letter's serial numb	er				or
determi	n is an individually-designed plan and receive nation letter				the plan	s last favo	rable	
	an maintained in a U.S. territory (i.e., Puerto R American Samoa, Guam, the Commonwealth (Yes		No	
19 Were in-	service distributions made during the plan yea	r?			Yes		No	
lf "Yes,"	enter amount				19			
	quired minimum distributions made to 5% own as required under section 401(a)(9)?				Yes		No	N/A