Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

A This return/report is for:

C Check box if filing under:

LAX AND COMPANY, INC. 401(K) PLAN

B This return/report is

LAX AND COMPANY, INC.

3616 POST ROAD

WARWICK, RI 02886

Part II 1a Name of plan

For calendar plan year 2016 or fiscal plan year beginning

2a Plan sponsor's name (employer, if for a single-employer plan)

3a Plan administrator's name and address X Same as Plan Sponsor.

Mailing address (include room, apt., suite no. and street, or P.O. Box)

X a single-employer plan

a one-participant plan

the first return/report

Form 5558

Basic Plan Information—enter all requested information

an amended return/report

special extension (enter description)

City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

 Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information

a foreign plan

the final return/report

automatic extension

2016 This Form is Open to **Public Inspection** and ending a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a short plan year return/report (less than 12 months) DFVC program 1b Three-digit plan number 001 (PN) • 1c Effective date of plan 01/01/1982 2b Employer Identification Number (EIN) 26-3956236 2c Sponsor's telephone number 401-738-7776 2d Business code (see instructions) 524210 3b Administrator's EIN **3c** Administrator's telephone number

OMB Nos. 1210-0110

1210-0089

	he name and/or EIN of the plan sponsor has changed since t me, EIN, and the plan number from the last return/report.	4b EIN					
a Sp	onsor's name			4c PN			
5a ⊤₀	tal number of participants at the beginning of the plan year			5a	2		
b To	tal number of participants at the end of the plan year			5b			
	Imber of participants with account balances as of the end of t mplete this item)	5c	2				
d(1) Total number of active participants at the beginning of the plan year				5d(1)	2		
d(2) Total number of active participants at the end of the plan year				5d(2)	2		
	umber of participants that terminated employment during the an 100% vested		5e	0			
	n: A penalty for the late or incomplete filing of this return						
SB or	penalties of perjury and other penalties set forth in the instruct schedule MB completed and signed by an enrolled actuary, a tis true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	09/19/2017	RYAN LAX				
HERE	Signature of plan administrator	Date	Enter name of individ	dual signing as plan adm	plan administrator		
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	dual signing as employer	r or plan sponsor		
Prepar	er's name (including firm name, if applicable) and address (in	clude room or suite nur		Preparer's telephone number			
For Pa	erwork Reduction Act Notice, see the Instructions for Form 5500	-SF.		Fo	orm 5500-SF (2016) v.160927		

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes	No No
	If you answered "No" to either line 6a or line 6b, the plan cann									
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	_	Not determ	nined
Pa	rt III Financial Information						_'	_		
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		34449					37248	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		34449)				37248	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:									
	(1) Employers	8a(1)								
	(2) Participants	8a(2)			-					
	(3) Others (including rollovers)	8a(3)		2799	+					
	Other income (loss)	8b		2100					2799	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2199	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
i	Net income (loss) (subtract line 8h from line 8c)	8i							2799	
j	Transfers to (from) the plan (see instructions)	8i								
Pai	rt IV Plan Characteristics		•							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2H 2J 2K 3B 3D	feature co	odes from the List of Pl	lan Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	uctions:	
Par	t 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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b		t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				1	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 son the plan? (See instructions.)	ne or all of	the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10q		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

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Part	VI P	ension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500) and line 11a below)						Yes	No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the C 2					[Yes	X No
а	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see insignificant the waiver.		ns, and	d enter		e of the lo		ng
If	_	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line				<u>y</u>		ai	
		ne minimum required contribution for this plan year			12b				
		ne amount contributed by the employer to the plan for this plan year			12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)									
Will the minimum funding amount reported on line 12d be met by the funding deadline?						Yes	No		I/A
Part		Plan Terminations and Transfers of Assets						· · · · · · · · · · · · · · · · · · ·	
13a	Has a	resolution to terminate the plan been adopted in any plan year?				X Ye	s	No	
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou I of the PBGC?		er the			Yes	X No)
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identassets or liabilities were transferred. (See instructions.)	tify the	olan(s) to				
	13c(1) N	lame of plan(s):		13c(2)	EIN(s)		13	c(3) PN	(s)
_									
Part		Trust Information							
14a	Name o	f trust			14b	Trust's I	EIN		
14c	Name o	of trustee or custodian					's or cus one numb		
Par	t IX	IRS Compliance Questions			ı				
15a	Is the p	olan a 401(k) plan? If "No," skip b		Yes			No		
		d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		safe h	n-based narbor		☐ "Prio	r year" A	ADP
				"Curre	ent year test	~"	N/A		
16a 		esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit te	st 🗌	N/A
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the lett								
	letter_	lan is an individually-designed plan that received a favorable determination letter from the IRS, e/	enter the	date	of the n	nost rec	ent dete	rminatio	n
18	Were a	d Benefit Plan or Money Purchase Pension Plan Only: Iny distributions made during the plan year to an employee who attained age 62 and had not sep?		from	Ye	s	No		
19	Was ar	ny plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Ye	s	No		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

	rt Identification Information							
For calendar plan year 2016 or		01/01/2016	and ending	12/31/2				
	X a single-employer plan		lan (not multiemployer)					
A This return/report is for:	a one-participant plan	list of participating employer information in accordance with the form instruction of a foreign plan.						
	a one-parterpart plan	a foreign plan						
B This return/report is	the first return/report	the final return/report						
in The retaining of is	an amended return/report		rn/report (less than 12 r	months)				
	an amended returns eport	a short plant year retu	mineport (less than 12 f	HOHUIS)				
C Check box if filing under:	X Form 5558	automatic extension		DFVC progra	m			
	special extension (enter desc	ription)						
Part II Basic Plan Inf	ormation—enter all requested in	formation						
1a Name of plan				1b Three-dig	t			
LAX AND COMPANY, INC	C. 401(K) PLAN			plan numi	per 001			
				(PN) >				
				1c Effective of 01/01/1	•			
2a Plan sponsor's name (empl	loyer, if for a single-employer plan)	بدور بيوانو والدوائر			Identification Number			
Mailing address (include ro	om, apt., suite no. and street, or P.C			1	3956236			
	ace, country, and ZIP or foreign post	al code (if foreign, see inst	ructions)		telephone number			
LAX AND COMPANY, IN	₩C.			401-738	•			
3616 POST ROAD				2d Business	code (see instructions)			
3010 POST ROAD				524210				
WARWICK	RI 02886							
	and address X Same as Plan Spor	nsor	***************************************	3b Administra	tor's FIN			
out individual of the first	and address (A came as I lan open				10/ 5 2/11			
				3c Administra	tor's telephone number			
	he plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN				
-	umber from the last return/report.			4-	***************************************			
a Sponsor's name				4c PN				
5a Total number of participant	s at the beginning of the plan year			. 5a	2			
· · · ·	s at the end of the plan year			5b	2			
, ,	account balances as of the end of		•	5c	2			
, ,				5d(1)	·			
	articipants at the beginning of the pl			- 1101	2			
	articipants at the end of the plan yea at terminated employment during the				2			
than 100% vested /	a terminated employment during the	. ,	ments that were less	5e	0			
Caution: A penalty for the late	of incomplete filing of this return	n/report will be assessed	uniess reasonable ca	use is establishe	ed.			
Under penalties of perjury and o	ther penalties set forth in the instruc	ctions, I declare that I have	examined this return/re	eport, including, if	applicable, a Schedule			
belief, it is true, correct, and sen	and signed by an enrolled actuary, a plete.	is well as the electionic ve	ision of this returninepo	it, and to the best	of filly knowledge and			
SIGN /	22 1	19/19	Ryan Lax					
HERE Signature of plan	adinivistrator	Date	Enter name of individ	lual signing as pla	n administrator			
SIGN	VIII		Ryan Lax	our organity do pla	i dominionator			
HERE 11/10-C		n			,			
	oyer/pján sponsor narhe/ if applicable) and address (in	Date	Enter name of individ	Preparer's telep	ployer or plan sponsor			
Topara o name (madeling illin	The application and address (III		··· ,	ropardi s telep	TOTO HUITIDGE			
*								

	Form 5500-SF 2016		Page 2							
b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannuf the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi not use Fo	ndent qualified public tions.) orm 5500-SF and mus	accoun	tant (IC	QPA) For n	n 5500).	X	es No
	rt III Financial Information					L	7			otorniiriou
7	<u></u>									
	Plan Assets and Liabilities	7.	(a) Beginning		449		******	(b) End	of Year	37,248
_ a	Total plan assets Total plan liabilities	7a 7b		34,	443					37,240
	Net plan assets (subtract line 7b from line 7a)	7c		34.	449					37,248
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amoui		* + -			(b) 1	Total	3.,210
a	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amou					(1)	Otai	***************************************
	(2) Participants	8a(2)					:			
	(3) Others (including rollovers).	8a(3)					1414474	1.50		
b	Other income (loss)	8b		2,	799			13 42 1 4 1	. 1. 1. 1. 1.	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								2,799
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								· · · · · · · · · · · · · · · · · · ·
g	Other expenses	8g								· · · · · · · · · · · · · · · · · · ·
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i		· · · · · · · · · · · · · · · · · · ·						2,799
	Transfers to (from) the plan (see instructions)	8j								·····
	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 Pl	lan Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	the instru	ictions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iductary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			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 by fraud or dishonesty?			10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	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						

	Form 5500-SF 2016 Page 3 -		•			
Part \	/I Pension Funding Compliance			**********************		**************************************
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor (Form 5500) and line 11a below)			B		Yes N
11a 12	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod ERISA?	e or section	. 11a on 302 o		الما	Yes 🗓 No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth	nd enter i Day		of the lette Year	er ruling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		T	·		
	Inter the minimum required contribution for this plan year		12b			
d	inter the amount contributed by the employer to the plan for this plan year	of a	12d			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	□ N/A
Part V	II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes		No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			(
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?				Yes [>	No No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)					
13	c(1) Name of plan(s):) EIN(s)	3) PN(s)			
Part \	/III Trust Information					
<u></u>	ame of trust		14h 7	rust's Elf		
1701	arrie or trust		מדו	1105(5 (2))	•	
14c N	ame of trustee or custodian			rustee's (telephone		ian's
Part	X IRS Compliance Questions					
15a is	the plan a 401(k) plan? If "No," skip b.	Yes	wyayaanin aharaa		No	
	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:	□ safe i	in-based narbor ent year' test	Ц	"Prior ye test N/A	ear" ADP
	Vhat testing method was used to satisfy the coverage requirements under section 410(b) for the plan ear? Check all that apply:	Ratio perce test	entage		rage efit test	□ N/A
fc	old the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
tl	the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opine letter and the serial number					
17b If	the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	the date	of the m	ost recen	determin	nation

Yes

Yes

No

☐ No

Defined Benefit Plan or Money Purchase Pension Plan Only:

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?.....