Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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

2017

This Form is Open to Public Inspection

Parti	Annual Repor	t identification information	l								
For calend	ar plan year 2017 or	fiscal plan year beginning 01/01/	2017	and ending 12	/31/2017						
A This re	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
D To the second		a one-participant plan	a foreign plan								
B This reti	urn/report is	the first return/report	the final return/report								
		an amended return/report	oort a short plan year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	automatic extension		DFVC prograr	n					
		special extension (enter desc	ription)								
Part II	Basic Plan Inf	ormation—enter all requested ir	formation								
1a Name	of plan				1b Three-digit						
	OMPANY, INC. 401(I	K) PLAN			plan numb						
	,	,			(PN) •	001					
					1c Effective d						
22 Dlan a	nanaaria nama (amal	over if for a single employer plan)				01/01/1982					
Mailing	g address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.			2b Employer Identification Number (EIN) 26-3956236						
City or	r town, state or provin	ce, country, and ZIP or foreign pos	tal code (if foreign, see ins	tructions)							
LAX AND CO	OMPANY, INC.				2c Sponsor's telephone number 401-738-7776						
					2d Business c	ode (see instructions)					
3616 POST					524210						
WARWICK,	RI 02886										
3a Plan a	dministrator's name	and address X Same as Plan Spo	nsor.		3b Administrati	tor's EIN					
					3C Administration	tor's telephone number					
4 If the	name and/or EIN of the	ne plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN						
this pl	lan, enter the plan sp	onsor's name, EIN, the plan name			41						
a Spons C Plan N	sor's name				4d PN						
C FIAITI	varne										
5a Total	number of participant	s at the beginning of the plan year			5a	2					
		s at the end of the plan year			5b	0					
		account balances as of the end of			5c	0					
d(1) Tot	al number of active p	articipants at the beginning of the p	lan year		5d(1)	2					
d(2) Tot	tal number of active p	articipants at the end of the plan ye	ear		5d(2)	0					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0					
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable cau							
SB or Sche		other penalties set forth in the instruand signed by an enrolled actuary, nplete.									
SIGN	Filed with authorize	d/valid electronic signature.	01/10/2018	RYAN LAX							
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	n administrator					
SIGN											
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ıal signing as em	ployer or plan sponsor					

Form 5500-SF 2017 Page **2**

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined . (See instructions.)			
Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Vear			(b) Enc	l of Year			
<u>′</u> а	Total plan assets	7a		37248		0					
b	Total plan liabilities	7b		0.2.0							
	Net plan assets (subtract line 7b from line 7a)	7c	,	37248		0					
	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total			
	Contributions received or receivable from: (1) Employers	8a(1)	(0,1111011	2288		(b) Total					
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		5907							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						8195			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		45405							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		38							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			45443						
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-37248			
j	Transfers to (from) the plan (see instructions)	8j									
Par	t 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	an Cha	racteri	stic Co	odes in the ins	tructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the instr	ructions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		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)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X			150000			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X					
е	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.)					X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i							

Form 5500-SF 2017	Page 3 - 1	
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Part '	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scho (Form 5500) and line 11a below)	edule S	В	Y	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of		Y	es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver			of the letter Year	ruling
lf y	rou completed 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			
С	Enter the 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)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part \	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	s No)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			(
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				X Yes	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

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.

1210-0089

2017

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I Annual Repor	t Identification Information	1						
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/2	2017			
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)						
D =	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	x the final return/report						
_	an amended return/report	a short plan year return/report (less than 12 months)						
C Check box if filing under:	Form 5558	automatic extension		DFVC program				
	special extension (enter desc			***				
	ormation—enter all requested in	formation		T				
1a Name of plan LAX AND COMPANY, INC	1 403 (IF) THE AND			1b Three-digi plan numb				
HAX AND COMPANY, INC	. 401 (K) PLAN			(PN) ▶				
				1c Effective d 01/01/1	•			
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	D. Box)			dentification Number 3956236			
LAX AND COMPANY, IN	ce, country, and ZIP or foreign post ${\mathbb C}$.	ai code (if foreign, see inst	ructions)	2c Sponsor's telep 401-738-77				
3616 POST ROAD				2d Business c 524210	ode (see instructions)			
WARWICK	RI 02886							
3a Plan administrator's name a	nd address X Same as Plan Spo	nsor.		3b Administrat	or's EIN			
				3c Administrat	or's telephone number			
this plan, enter the plan spo	e plan sponsor or the plan name hansor's name, EIN, the plan name a	as changed since the last re	eturn/report filed for ne last return/report.	4b EIN				
a Sponsor's name C Plan Name				4d PN				
5a Total number of participants	at the beginning of the plan year			5a	2			
b Total number of participants	at the end of the plan year			5b	0			
 Number of participants with complete this item) 	account balances as of the end of	the plan year (only defined	contribution plans	5c	0			
d(1) Total number of active pa	rticipants at the beginning of the pl	an year		5d(1)	2			
	rticipants at the end of the plan yea		ì	5d(2)	0			
Number of participants who than 100% vested	5e	0						
Caution: A penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau	se is establishe	d			
Under penalties of perjury and of SB or Schedule MB completed a belief, it is true, correct, and com	her penalties set forth in the instructed signed by an enrolled actuary, a plate.	tions, I declare that I have is well as the electronic ver	examined this return/report	oort, including, if a c, and to the best o	pplicable, a Schedule of my knowledge and			
sign /			Ryan Lax					
HERE Signature of planta	dministrator	Date 1/10/2018	Enter name of individu	al signing as Nor	administrator			

Date //0

Ryan Lax

SIGN

HERE

	Form 5500-SF 2017	Page 2								
b	Were all of the plan's assets during the plan year invested in eligical 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 can lift the plan is a defined benefit plan, is it covered under the PBGC if "Yes" is checked, enter the My PAA confirmation number from the state of the plan is a defined benefit plan.	an indeper and condi- not use For nsurance	endent qualified public itions.) orm 5500-SF and mus program (see ERISA s	accoun st inste	tant (le ad us 4021)?	QPA) e Forn	n 5500.] Yes [] No	X Yes N		
Pa	rt III Financial Information			-						
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End	d of Year		
а	Total plan assets	. 7a			248	•				
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	. 7c		37,	248					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoui	nt			(b)	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		2,	288					
	(2) Participants	T			***********	HANGAN AND AND AND AND AND AND AND AND AND A				
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		5,	907					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		150.50			8,19			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		45,405						
е	Certain deemed and/or corrective distributions (see instructions)	8e			\neg					
f	Administrative service providers (salaries, fees, commissions)	8f		38						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	NAME OF STREET			45,				
i	Net income (loss) (subtract line 8h from line 8c)	8i				-37,24				
j	Transfers to (from) the plan (see instructions)	8i								
Pa	rt IV Plan Characteristics	-,								
9а	If the plan provides pension benefits, enter the applicable pension 2A 2E 2H 2J 2K 3B 3D	feature co	des from the List of PI	an Cha	racteri	stic Co	odes in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	cteris	tic Cod	les in the instr	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's National Program)	ofuntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		Х				
C	C Was the plan covered by a fidelity bond?			10c	Х			150,000		
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		Х				
е		er person	s by an insurance the benefits under	10e		Х				

Х

Х

Х

10f

10g

10h

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....

Form 5500-SF 2017	Page 3-]					
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum fundi (Form 5500) and line 11a below)	ng requirements? (If "Yes," see instructions ar	nd complete Sch	edule S	SB		Yes [] No
11a Enter the unpaid minimum required contributions for a	ill years from Schedule SB (Form 5500) line 40	٦	11a		1		
12 Is this a defined contribution plan subject to the minim ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, an	num funding requirements of section 412 of the	Code or section	1 302 0	f		Yes X	No
If a waiver of the minimum funding standard for a prior granting the waiver.	year is being amortized in this plan year, see	Month	enter Dav		f the lett Year	er ruling	
If you completed line 12a, complete lines 3, 9, and 10	of Schedule MB (Form 5500), and skip to lir	ne 13.		7	I Cal		
b Enter the minimum required contribution for this plan ye			12b	1			
C Enter the amount contributed by the employer to the pla			12c				
d Subtract the amount in line 12c from the amount in line negative amount)	2 12b. Enter the result (enter a minus sign to the	ne left of a	12d				
e 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 A						<u> </u>	
13a Has a resolution to terminate the plan been adopted in any				X Yes		10	
If "Yes," enter the amount of any plan assets that rever	ted to the employer this year		13a	A Tes	[] "	10	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				x	Yes	No	
C If, during this plan year, any assets or liabilities were tra- which assets or liabilities were transferred. (See instruc-	ansferred from this plan to another plan(s), ide	ntify the plan(s)	to	<u> </u>	<u> </u>		
13c(1) Name of plan(s):		13c(2)	FIN(s)		136/2) PN(s)	
		:(-):	~	- 1	13413	T FINEST	