



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 53460		2. Exact name of the Corporation Lincoln Capital Corporation			
3. Principal office address 40 Westminster Street, Suite 202		City Providence	State RI	Zip 02903	
4. Business Phone No. 4014543040		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Financial consulting, investment advisory.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ronald A. Albert			Vice-President Name Brittany Albert Moran		
Street Address 11 Red Chimney Drive			Street Address 100 Exchange Street, Unit 417		
City Lincoln	State RI	Zip 02864	City Providence	State RI	Zip 02903
Secretary Name Brittany Albert Moran			Treasurer Name Ronald A. Albert		
Street Address 100 Exchange Street, Unit 417			Street Address 11 Red Chimney Drive		
City Providence	State RI	Zip 02903	City Lincoln	State RI	Zip 02864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ronald E. Albert			Director Name		
Street Address same as above			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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			144	Common	No Par

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 25 2013

BY

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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.

Ronald E. Albert
Signature of Authorized Representative

1/23/13
Date

Ronald E. Albert

Print or Type Name of Authorized Representative