



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 2014**

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.<br><b>91647</b>                                                                                                                              |                    | 2. Exact name of the Corporation<br><b>LCP Corporation</b> |                                                                            |                    |                     |
| 3. Principal office address<br><b>618 Greenville Road</b>                                                                                                     |                    | City<br><b>N. Smithfield</b>                               |                                                                            | State<br><b>RI</b> | Zip<br><b>02896</b> |
| 4. Business Phone No.<br><b>401-232-3010</b>                                                                                                                  |                    | 5. State of Incorporation<br><b>Rhode Island</b>           |                                                                            |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Sale and management of real estate.</b>                                     |                    |                                                            |                                                                            |                    |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>                                                           |                    |                                                            |                                                                            |                    |                     |
| President Name<br><b>Robert A. Pezza</b>                                                                                                                      |                    |                                                            | Vice-President Name<br><b>Michael Pezza</b>                                |                    |                     |
| Street Address<br><b>19 Factory Pond Circle</b>                                                                                                               |                    |                                                            | Street Address<br><b>10 Leonard Drive</b>                                  |                    |                     |
| City<br><b>Greenville</b>                                                                                                                                     | State<br><b>RI</b> | Zip<br><b>02828</b>                                        | City<br><b>Harrisville</b>                                                 | State<br><b>RI</b> | Zip<br><b>02830</b> |
| Secretary Name<br><b>Robert A. Pezza</b>                                                                                                                      |                    |                                                            | Treasurer Name<br><b>Michael Pezza</b>                                     |                    |                     |
| Street Address<br><b>19 Factory Pond Circle</b>                                                                                                               |                    |                                                            | Street Address<br><b>10 Leonard Drive</b>                                  |                    |                     |
| City<br><b>Greenville</b>                                                                                                                                     | State<br><b>RI</b> | Zip<br><b>02828</b>                                        | City<br><b>Harrisville</b>                                                 | State<br><b>RI</b> | Zip<br><b>02830</b> |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>                                                          |                    |                                                            |                                                                            |                    |                     |
| Director Name                                                                                                                                                 |                    |                                                            | Director Name                                                              |                    |                     |
| Street Address                                                                                                                                                |                    |                                                            | Street Address                                                             |                    |                     |
| City                                                                                                                                                          | State              | Zip                                                        | City                                                                       | State              | Zip                 |
| Director Name                                                                                                                                                 |                    |                                                            | Director Name                                                              |                    |                     |
| Street Address                                                                                                                                                |                    |                                                            | Street Address                                                             |                    |                     |
| City                                                                                                                                                          | State              | Zip                                                        | City                                                                       | State              | Zip                 |
| <b>9. SHARES AUTHORIZED</b>                                                                                                                                   |                    |                                                            | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.<br>See Section 9 of instruction sheet. |                    |                                                            | NUMBER OF SHARES                                                           | CLASS/SERIES       | PAR VALUE           |
|                                                                                                                                                               |                    |                                                            | 300                                                                        | common             | no par value        |

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 \_\_\_\_\_

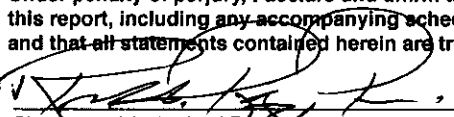
Check No. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
Revised: 01/2012

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.

  
Signature of Authorized Representative

02/27/2014

Date

**Robert Pezza, President**

Print or Type Name of Authorized Representative

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