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STATE ODE 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 2015

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.	2. Exact name of the Corporation		
000119009	Stuart-Lippman and Associates, Inc.		
3. Principal office address	City	State	Zip
5447 E 5th St #110	Tucson	AZ	85711
4. Business Phone No.	5. State of Incorporation		
520-881-5900	Arizona		

6. Brief description of the character of business conducted in Rhode Island
Debt Collection

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Jerome Lippman	5447 E 5th St #110	Tucson	AZ	85711

Vice-President Name	Street Address	City	State	Zip
Jerome Lippman	5447 E 5th St #110	Tucson	AZ	85711

Secretary Name	Street Address	City	State	Zip
Katherine E. Wheatley	5447 E 5th St #110	Tucson	AZ	85711

Treasurer Name	Street Address	City	State	Zip
Katherine E. Wheatley	5447 E. Wheatley	Tucson	AZ	85711

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Steve Sacks	5447 E. 5th St #110	Tucson	AZ	85711
Stuart Spivack	5447 E 5th St #110	Tucson	AZ	85711

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
421200	Common	1

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
MAY 18 2015
BY 4709

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 — Date

Jerome Lippman — 4-13-2015
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

120974-6-1029593