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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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
000544667	**Lyman Pierce Condominiums Association**
3. State of Incorporation **RI**	4. Brief description of the character of business conducted in Rhode Island **To operate and manage the Lyman Pierce Condominiums.**

5. Principal office address	City	State	Zip
76 Ivy Street Unit 1	**Providence**	**RI**	**02906**

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

President Name	Street Address	City	State	Zip
Michael Clark	**76 Ivy Street Unit 1**	**Providence**	**RI**	**02906**

Vice-President Name	Street Address	City	State	Zip
Rachel Nuzzo	**76 Ivy Street Unit 2**	**Providence**	**RI**	**02906**

Secretary Name	Street Address	City	State	Zip
Jordan Liepolt	**76 Ivy Street Unit 3**	**Providence**	**RI**	**02906**

Treasurer Name	Street Address	City	State	Zip
Adria Polletta	**76 Ivy Street Unit 1**	**Providence**	**RI**	**02906**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Michael Clark	**76 Ivy Street Unit 1**	**Providence**	**RI**	**02906**

Director Name	Street Address	City	State	Zip
Rachel Nuzzo	**76 Ivy Street Unit 2**	**Providence**	**RI**	**02906**

Director Name	Street Address	City	State	Zip
Adria Polletta	**76 Ivy Street Unit 1**	**Providence**	**RI**	**02906**

Director Name	Street Address	City	State	Zip
Jordan Liepolt	**76 Ivy Street Unit 3**	**Providence**	**RI**	**02906**

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____ 2015 OCT 15 AM 8:52
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CORPORATIONS DIV

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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.

Signature of Officer or Authorized Representative — Date 10/5/15

Michael R Clark
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
126393-2-1061418