



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 2014

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. 000544667		2. Exact name of the Corporation 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 76 Ivy Street Unit 1		City Providence		State RI	Zip 02906
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Michael Clark		Vice-President Name Charles Kelley			
Street Address 76 Ivy Street Unit 1		Street Address 76 Ivy Street Unit 2			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Jordan Liepolt		Treasurer Name Ann Kelley			
Street Address 76 Ivy Street Unit 3		Street Address 76 Ivy Street Unit 2			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 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 Michael Clark		Director Name Charles Kelley			
Street Address 76 Ivy Street Unit 1		Street Address 76 Ivy Street Unit 2			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Adria Polletta		Director Name Jordan Liepolt			
Street Address 76 Ivy Street Unit 1		Street Address 76 Ivy Street Unit 3			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 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: **15-8 HV SI 130 5102**

FOR SECRETARY OF STATE USE ONLY

Form No. 681

Revised: 04/2014

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.

FILED

OCT 15 2015

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative

By: **258447**
H.A. 8:52 A.M.
Michael R Clark

EIN# 000544667

**Lyman Pierce Condominium Association
Annual Report for Year 2014**

Additional Director:

Ann Kelley

76 Ivy Street Unit 2

Providence, RI 02906