

Secretary of State - Division of Business Services 148 W. River Street Providence, RI 02904-2615

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 • • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) 2. Name of Corporation
LINCOLN GARDENS INC. 22584

1688 Louisquisse	PIKE		Ĺincoln	State RI	Zip	
(401)641-0258		5. State of Incorporation Rhode Island			02865	
6. Brief Description of the	Character of Business Con	aducted in Rhode Island				
. idilor with lifti26	iy and landscaning			· · · · ·		
President Name	KESSES OF THE OF	TICERS: ("X" BOX FOR AT	TACHMENT)     FII	L IN SPACES DEFORM		
Steven S. Popovich			Vice President Name		SING ATTACHMENTS	
Street Address			Denise Popovich			
1688 Louisquisset Pike			Street Address 1688 Louisquisset Pike			
Cily Lincoln	State RI	Zip	City		State	
Secretary Name	<u>N</u>	02865	Lincoln	RI	02865	
Denise Popovich			Treasurer Name		02005	
Street Address			Steven S. Popovic	h		
1688 Louisquisset Pike			Street Address 1688 Louisquisset Pike			
.incoln	State	Zip	City			
	RI	02865		State R1	Zip	
irector Name	esses of the dire	CTORS: ("X" BOX FOR A	<i>TACHMENT)</i> FII	LIN SPACES REPORTS	U2865	
		••••	Director Name	and the second officers	UDLING ALLACHMENTS	
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			Street Address			
ty	State	Zip	Cuy			
rector Name				State	Zip	
munc			Director Name			
eet Address			<u>;</u>			
		<del></del>	Street Address			
y	State	Zip				
		1 -	City	State	Zip	
SHARES AUTHORIZ	ED: ("X" BOX FOR A	TTACHMENT)	IN SHADES 1655-	a Township was a survey and a survey of the		
<del></del>			ISSUED SHARES - THIS SEC	D: ("X" BOX FOR ATTA	CHMENT) 🗆	
is information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	B. V	
ite. Changes require an additional filing. See Section 9 of truction sheet.			200 shares common stoc		Par Value	
		f				
report must 1						
report must be execu	ted on behalf of the ci	orporation by an authorized orporation by the receiver	representative. If the	Corporation is in the 1	<u> </u>	
1 mor oo caecu	on benail of the c	•	or trustee.	poration is in the nanc	is of a receiver or trustee	
		FILED				
		• • • • • •				
		JAN 2 1 2016	Under penalty of perjur	y, I declare and affirm that I	have evamined this	
					have examined this report, ents, and that all statements	
	βV	MU IIIX t	contained herein are tru	and correct.		
Date			×	J. Hopen 2	- ilali	
ck No		1	Signalure	- John	Date	
UN STU.		_	Steven S. Popo	vich		
		1	Print or Type Name	TIO11		
		<b>j</b>	1 or type Nume			
FOR SECRETARY OF	STATE USE ONLY	-	President President			