



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 2016

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. 40334		2. Exact name of the Corporation Lisa Gordon Inc			
3. Principal office address 32 Monadnock Road			City Wellesley Hills	State MA	Zip 02481
4. Business Phone No. 781-235-1075		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Purchase, Develop, and sell residential Real Estate, and any lawful activity					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ellen R Gordon			Vice-President Name Virginia L Gordon		
Street Address 275 Newman Road PO Box 706			Street Address 2504 Ellentown Rd		
City Center Harbor	State NH	Zip 03226	City La Jolla	State CA	Zip 92035
Secretary Name Ellen R Gordon			Treasurer Name Ellen R Gordon		
Street Address 275 Newman Road PO Box 706			Street Address 275 Newman Road PO Box 706		
City Center Harbor	State NH	Zip 03226	City Center Harbor	State NH	Zip 03226
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Virginia L Gordon			Director Name Karen Gordon Mills		
Street Address 2504 Ellentown Rd			Street Address 14 Tiemer Road		
City La Jolla	State CA	Zip 92037	City Harpwell	State ME	Zip 04079
Director Name Wendy Gordon			Director Name Lisa J Gordon		
Street Address 160 Commonwealth Ave			Street Address 1 Fitchburg St		
City Boston	State MA	Zip 02116	City Somerville	State MA	Zip 92037
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	stk	0

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

JAN 25 2016

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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.

Ellen R Gordon 01/22/2016
 Signature of Authorized Representative Date

Ellen R Gordon, President
 Print or Type Name of Authorized Representative