



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. 91647		2. Exact name of the Corporation LCP Corporation			
3. Principal office address 618 Greenville Road			City N. Smithfield	State RI	Zip 02896
4. Business Phone No. 401-232-3010		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Sale and management of real estate.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert A. Pezza			Vice-President Name Michael Pezza		
Street Address 19 Factory Pond Circle			Street Address 10 Leonard Drive		
City Greenville	State RI	Zip 02828	City Harrisville	State RI	Zip 02830
Secretary Name Robert A. Pezza			Treasurer Name Michael Pezza		
Street Address 19 Factory Pond Circle			Street Address 10 Leonard Drive		
City Greenville	State RI	Zip 02828	City Harrisville	State RI	Zip 02830
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			300	Common	No Par Value

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

FEB 25 2016

RV KL 43297

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] 2-1-16
 Signature of Authorized Representative Date

Robert A. Pezza, President

Print or Type Name of Authorized Representative