



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 FEB 23 PM 2:00

1. Entity ID Number 154076		2. Exact name of the Corporation Marc Lipps Associates, Inc.			
3. Principal Office Address PO Box 7065			City Cumberland	State RI	Zip 02864
4. NAICS Code 54 - Professional, Scientific, and	6. Brief description of the character of business conducted in Rhode Island educational consulting and career planning				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Marc P. Lipps			Vice-President Name		
Street Address PO Box 7065			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Marc P. Lipps			Treasurer Name Marc P. Lipps		
Street Address PO Box 7065			Street Address PO Box 7065		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
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		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par
11. 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. 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.					
Name of Authorized Representative Marc P. Lipps					Date 2/8/17
Signature of Authorized Representative <i>Marc P. Lipps</i>					

FILED

FEB 24 2017

BY

94105

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov