RI SOS Filing Number: 201739464240 Date: 4/3/2017 4:00:00 PM

State of Rhode Island ar Department of St			Division				
Annual Report for the ye	ear: 2017						
Corporation			_				
→ Filing period: January 1 - I → Filing Fee: \$50.00	March 1						
→ Penalty: Additional \$25,00	fee if form is not	filed by April 1.					
1. Entity ID Number	2. Exact name	2. Exact name of the Corporation					
83600		Lancaster Associates, Inc.					
Principal Office Address	<u> </u>		City		State	Izio	
46 Aborn Street, 4th Floor			Providence)	RI	Zip 02903	
4. NAICS Code	6 Brief descrip	tion of the charac		conducted in Rhode Isla	1	02000	
53 - Real Estate and Rental a				conducted in knode is:			
5. State of Incorporation	4	, g .					
RI							
7. List ALL officers (names and ad	dragoool						
President Name	Vice-Presider	Check the box to indicate an attachment Vice-President Name					
Arnold B. Chace,							
Street Address 46 Aborn Street 4th	Street Addres	Street Address					
			City	1	State	Zip	
Providence	RI	^{Zip} 02903			0.0.0		
Secretary Name			Treasurer Name				
Street Address	Street Addres	Street Address					
				-			
City	State	Zip	City		State	Zip	
8. List ALL directors (names and a	(dresses)			Chack th	e boy to inc	dicate an attachment	
Director Name			Director Name		e box to life	noate an attachment L	
Street Address	Ohn at A ddi .	Stroot Address					
Sileet Address			Street Address	Street Address			
City	State	Zip	City	City		Zip	
Director Name		<u> </u>	- Di	Diameter Manager			
Director Name			Director Name	Director Name			
Street Address	Street Address	Street Address					
City	State	Tri-					
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issu			e box to ind	licate an attachment	
This information is currently of record Department of State.	rd in the	NUMBER OF	SHARES	CLASS/SERIES		PAR VALUE	
•		100		Common	1.00		
Changes require an additional filing.							
11. This report must be executed o	n behalf of the co	rporation by an a	uthorized repres	sentative. If the corpora	tion is in the	e hands of a receiver or	
trustee, this report must be execute	ed on behalf of the	e corporation by t	he receiver or tr	ustee.			
Under penalty of perjury, I declar statements, and that all statemen	re and affirm tha nts contained he	t I have examine rein are frue an	ed this report, in Il correct	ncluding any accomp	anying sch	edules and	
Name of Authorized Representative					Date	1	
	Ar	nold B. (hale Tr		3/28	7617	
Signature of Authorized Represent	ative	1000	7/1		- 100	100.7	
		LL L	. Chy	re!	FILE)	
MAIL TO:						· · · · · · · · · · · · · · · · · · ·	
MAIL TO:				Δ	PR 032	በ17	

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov