



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

Annual Report for the year: 2017  
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 BUS SVCS DIV

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1. Entity ID Number 000 544667		2. Exact name of the Corporation LYMAN PIERCE CONDOMINIUMS ASSOCIATION	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO OPERATE & MANAGE THE LYMAN PIERCE CONDOMINIUMS.	
4. NAICS Code 813990			
6. Principal Office Address 70 IVY ST., #1		City PROVIDENCE	State RI
		Zip 02906	
7. List ALL officers (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>
President Name MICHAEL CLARK		Vice-President Name N/A	
Street Address 70 IVY ST., UNIT 1		Street Address	
City PROVIDENCE	State RI	City	Zip
Secretary Name JORDAN LEPOLT		Treasurer Name RACHEL NUZZO	
Street Address 70 IVY ST., UNIT 3		Street Address 70 IVY ST., UNIT 2	
City PROVIDENCE	State RI	City PROVIDENCE	Zip 02906
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.			Check the box to indicate an attachment <input type="checkbox"/>
Director Name MICHAEL CLARK		Director Name RACHEL NUZZO	
Street Address 70 IVY ST., UNIT 1		Street Address 70 IVY ST., UNIT 2	
City PROVIDENCE	State RI	City PROVIDENCE	Zip 02906
Director Name JORDAN LEPOLT		Director Name	
Street Address 70 IVY ST., UNIT 3		Street Address	
City PROVIDENCE	State RI	City	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative RACHEL NUZZO, TREASURER			Date 6/19/17
Signature of Officer/Authorized Representative <i>Rachel Nuzzo</i>			

SIGN DOCUMENT FILE **FILED** ✓

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

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