



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 05 2018

BY

1. Entity ID Number 66550		2. Exact name of the Corporation LISA & SOUSA, Ltd.			
3. Principal Office Address 5 Benefit Street			City Providence	State RI	Zip 02904-0000
4. NAICS Code 54110		6. Brief description of the character of business conducted in Rhode Island legal services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name Louis A. Sousa			Vice-President Name Carl B. Lisa, Jr.		
Street Address 232 Hope Street			Street Address 8 Oakwood Circle		
City Bristol	State RI	Zip 02809-	City Greenville	State RI	Zip 02828-
Secretary Name Sandra Sousa-Marujo			Treasurer Name Louis A. Sousa		
Street Address 56 Fenton Street			Street Address 232 Hope Street		
City North Dartmouth	State MA	Zip 02747-	City Bristol	State RI	Zip 02809-
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Louis A. Sousa			Director Name Carl B. Lisa, Jr.		
Street Address 232 Hope Street			Street Address 8 Oakwood Circle		
City Bristol	State RI	Zip 02809-	City Greenville	State RI	Zip 02828-
Director Name Sandra Sousa-Marujo			Director Name none		
Street Address 56 Fenton Street			Street Address none		
City North Dartmouth	State MA	Zip 02747-	City none	State none	Zip none
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment ☐			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
110		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 Louis A. Sousa				Date 1/02/2018	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017

LISA & SOUSA, Ltd.
Corporate ID No. 66550

EXECUTIVE VICE PRESIDENT:
Carl B. Lisa
24 Whispering Pine Terrace
Greenville, RI 02828

FILED 
JAN 05 2018
BY 15038