

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.

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SECRETARY OF STATE
CORPORATIONS DIV

2018 MAR -6 PM 1:32

1. Entity ID Number 37280		2. Exact name of the Corporation LIFETIME FINANCIAL MANAGEMENT, INC.												
3. Principal Office Address 235 Lonsdale Avenue			City Pawtucket	State R.I.	Zip 02860									
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island Financial and other management services to public: NSG SVC Agency												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Louis Paolino			Vice-President Name Marie E. Issa											
Street Address 19 Heritage Drive			Street Address 19 Heritage Drive											
City Lincoln	State R.I.	Zip 02865	City Lincoln	State R.I.	Zip 02865									
Secretary Name Louis Paolino			Treasurer Name Louis Paolino											
Street Address 19 Heritage Drive			Street Address 19 Heritage Drive											
City Lincoln	State R.I.	Zip 02865	City Lincoln	State R.I.	Zip 02865									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Marie E. Issa			Director Name Louis Paolino											
Street Address 19 Heritage Drive			Street Address 19 Heritage Drive											
City Lincoln	State R.I.	Zip 02865	City Lincoln	State R.I.	Zip 02865									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized 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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>102</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	102	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
102	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 MARIE E ISSA					Date 3-1-18									
Signature of Authorized Representative <i>Marie E. Issa</i>														

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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