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

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2010 MAR -6 PM 1: 32

Entity ID Number		2. Exact name of the Corporation						
37280	LIFETIM	LIFETIME FINANCIAL MANAGEMENT, INC.						
3. Principal Office Address	<u> </u>	·	City	· · · · · · · · · · · · · · · · · · ·	State	Zip		
235 Lonsdale Avenue			Pawtucket		R.I.	02860		
4. NAICS Code	6. Brief desc	cription of the chara	cter of business o	conducted in Rhode	Island			
541611								
5. State of Incorporation	Financial a	ind other manage	ment services to	public: NSG SVC	Agency			
Rhode Island]							
7. List ALL officers (names a	and addresses)			Chec	k the box to	ndicate an attachme	ent L	
President Name Louis Paolino			Vice-President Name					
Street Address 19 Heritage D	Street Address 19 Heritage Drive							
^{City} Lincoln	State R.I.	^{Zip} 02865	City Lincoln		State R.I	. Z _{IP} 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)	·····		Chec	k the box to	ndicate an attachme	ent 🗀	
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.	Zip 02 865		
Director Name	<u> </u>		Director Name		•			
Street Address			Street Address	<u></u> .			•	
City	State	Žip	City		State	Zip		
9. Shares Authorized		10. Shares Iss	sued	Check	the box to i	ndicate an attachme	nt 🗔	
This information is currently o	of record in the	NUMBER O	F SHARES	CLASS/SERIE	S	PAR VALUE		
Department of State.		102		Common		No Par		
Changes require an additional	l filing.							
11. This report must be exec	uted on behalf of the	corporation by an	authorized repres	entative. If the corpo	oration is in t	he hands of a receive	er or	
rustee, this report must be e								
Under penalty of perjury, I statements, and that all sta				icluding any accol	npanying s	cneaules and		
Name of Authorized Represe					Date			
	SA	3-1-18		1-1-18				
Signature of Authorized Repr	resentative							
	Thank E	Rea			D_			
All TO:				-111				

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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