



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

Annual Report for the year: 2018
Corporation

STATE

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | | | |
|--|--------------------|--|---------------------------|--------------------------|---------------------|
| 1. Entity ID Number 000083600 | | 2. Exact name of the Corporation Lancaster Associates, Inc. | | | |
| 3. Principal Office Address 46 Aborn Street 4th Floor | | | City Providence | State RI | Zip 02903 |
| 4. NAICS Code 531390 | | 6. Brief description of the character of business conducted in Rhode Island To acquire, improve, manage and/or develop commercial real estate. | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Arnold B. Chace, Jr. | | | Vice-President Name | | |
| Street Address 46 Aborn Street 4th Floor | | | Street Address | | |
| City Providence | State RI | Zip 02903 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIFS | PAR VALUE |
| | | 100 | | Common | 1.00 |
| | | | | | |
| 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. <i>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.</i> | | | | | |
| Name of Authorized Representative Arnold B. Chace, Jr. | | | | Date 3/29/2018 | |
| Signature of Authorized Representative <i>Arnold B. Chace, Jr.</i> | | | | SIGN DOCUMENT HERE | |

FILED

APR 02 2018

BY 11257 DS