



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.  
 2018 AUG - 7 PM 2:04

1. Entity ID Number <b>000017990</b>		2. Exact name of the Corporation <b>LA MOND ASSOC. LTD</b>			
3. Principal Office Address <b>375 MIDDLE RD</b>		City <b>PORTSMOUTH</b>		State <b>RI</b>	Zip <b>02871</b>
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>SALE AND MANAGEMENT OF REAL ESTATE</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>FRANK M. OLIVEIRA</b>			Vice-President Name <b>FLORENCE OLIVEIRA</b>		
Street Address <b>375 MIDDLE RD</b>			Street Address <b>375 MIDDLE RD</b>		
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
Secretary Name <b>FRANK M. OLIVEIRA</b>			Treasurer Name <b>FLORENCE OLIVEIRA</b>		
Street Address <b>375 MIDDLE RD</b>			Street Address <b>375 MIDDLE RD</b>		
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>500</b>		<b>SK</b>	<b>0</b>
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. <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>					
Name of Authorized Representative <b>Frank M. Oliveira</b>					Date <b>8/7/2018</b>
Signature of Authorized Representative <i>Frank M. Oliveira</i>					

**FILED**  
 7:34  
 AUG 07 2018

BY KL 336453