



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 000017990		2. Exact name of the Corporation LA MOND ASSOC. LTD			
3. Principal Office Address 375 MIDDLE RD		City PORTSMOUTH		State RI	Zip 02871
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island SALE AND MANAGEMENT OF 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 FRANK M. OLIVEIRA			Vice-President Name FLORENCE OLIVEIRA		
Street Address 375 MIDDLE RD			Street Address 375 MIDDLE RD		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name FRANK M. OLIVEIRA			Treasurer Name FLORENCE OLIVEIRA		
Street Address 375 MIDDLE RD			Street Address 375 MIDDLE RD		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
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/SERIES	PAR VALUE
		500		SK	0
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 Frank M. Oliveira					Date 8/7/2018
Signature of Authorized Representative Frank M. Oliveira					

FILED

AUG 07 2018

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY KL 336453