



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

Annual Report for the year: **2020**
 Corporation _____

FILED

MAR 26 2020

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- 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 23290		2. Exact name of the Corporation LISANN CORPORATION			
3. Principal Office Address 901 BROADWAY			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 53 1390		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE, PROPERTY MANAGEMENT SERVICES			
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 JOHN E. REBELLO JR.			Vice-President Name CLAIRE L. REBELLO		
Street Address 901 BROADWAY			Street Address 901 BROADWAY		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name JOHN E. REBELLO III			Treasurer Name JOHN E. REBELLO III		
Street Address P.O. BOX 16451			Street Address P.O. BOX 16451		
City EAST PROVIDENCE	State RI	Zip 02916	City EAST PROVIDENCE	State RI	Zip 02916
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN E. REBELLO III			Director Name		
Street Address P.O. BOX 16451			Street Address		
City EAST PROVIDENCE	State RI	Zip 02916	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		PAR VALUE
			500	COMMON	NO PAR VALUE
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 JOHN E. REBELLO III				Date 03/15/2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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