



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

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
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2020 OCT 14 AM 9:22

1. Entity ID Number 000084715		2. Exact name of the Corporation Stephen I. Lipman, P.C.			
3. Principal Office Address 2 Main Street, Suite 300		City Stoneham		State MA	Zip 02180
4. NAICS Code 541110	6. Brief description of the character of business conducted in Rhode Island To practice law and to perform all legal related and incidental services.				
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen I. Lipman			Vice-President Name Stephen I. Lipman		
Street Address 8 Key Court			Street Address 8 Key Court		
City Newport	State RI	Zip 02840-4218	City Newport	State RI	Zip 02840-4218
Secretary Name Stephen I. Lipman			Treasurer Name Stephen I. Lipman		
Street Address 8 Key Court			Street Address 8 Key Court		
City Newport	State RI	Zip 02840-4218	City Newport	State RI	Zip 02840-4218
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen I. Lipman			Director Name		
Street Address 8 Key Court			Street Address		
City Newport	State RI	Zip 02840-4218	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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
		1,000	N/A	0.00	
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. 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 E. David Wanger, Executor under Will of Stephen I. Lipman, deceased					Date 10/11/20
Signature of Authorized Representative					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

OCT 14 2020

FORM 630 - Revised: 08/2020

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