



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP
RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2021 FEB 26 P 2:06

1. Entity ID Number 001716163		2. Exact name of the Corporation Lopes Incorporated			
3. Principal Office Address 1988 Phenix Avenue			City Cranston	State RI	Zip 02921
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island Real Estate				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Lavonne Nkomo			Vice-President Name Lavonne Nkomo		
Street Address 1988 Phenix Avenue			Street Address 1988 Phenix Avenue		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Lavonne Nkomo			Treasurer Name Lavonne Nkomo		
Street Address 1988 Phenix Avenue			Street Address 1988 Phenix Avenue		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Lavonne Nkomo <i>L Nkomo</i>					Date 2/18/2021
Signature of Authorized Representative					
SIGN DOCUMENT HERE FILED <i>m</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017