



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

FILED

Annual Report for the year: 2021
Corporation

MAR 01 2021
 BY *[Signature]*

- 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 153535		2. Exact name of the Corporation Lepine Financial Advisors, Inc.			
3. Principal Office Address 2140 Mendon Road, Suite 202			City Cumberland	State RI	Zip 02864
4. NAICS Code 523920		6. Brief description of the character of business conducted in Rhode Island Financial advisors.			
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 Richard R. Lepine			Vice-President Name		
Street Address 2140 Mendon Road, Suite 202			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Richard R. Lepine			Treasurer Name Richard R. Lepine		
Street Address 2140 Mendon Road, Suite 202			Street Address 2140 Mendon Road, Suite 202		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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
			100	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 Richard R. Lepine				Date 2/1/2021	
Signature of Authorized Representative <i>[Signature]</i>			SIGN DOCUMENT HERE		

MAIL TO:
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