RI SOS Filing Number: 202194966500 Date: 3/25/2021 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

TILE D

Annual Report for the year: Corporation

2021

MAR 25 2021

1 AC

$\rightarrow$	Filing period: January 1 - March 1
$\rightarrow$	Filing Fee: \$50.00

→ Penalty: Additional \$2	5.00 fee if form is no	ot filed by April 1.			<u>.                                    </u>		
Entity ID Number	on	•					
000038079	Lily Pads Properties, Inc.						
3. Principal Office Address			City		State	Zip	
33 North Road	Peace Dale		R.I.	02879			
4. NAJCS Code	6. Brief desc	ription of the chara	cter of business	conducted in Rhod	le Island	<del></del>	
531120	Real Estate 1	Real Estate Rental					
5. State of Incorporation							
R.I.	į	-					
7. List ALL officers (names a	ind addresses)				ck the box to ind	icate an attachment 🔲	
President Name M. Robert O'	Vice-President Name none						
Street Address PO Box 33	Street Address						
City Peace Dale	State R.J.	Zip 02883	City		State	Zip	
Secretary Name none	Treasurer Name Miriam G. O"Neill						
Street Address	Street Address PO Box 33						
City	State	Zíp	City Peace D	ale	State R.I.	<sup>Zip</sup> 02883	
8. List ALL directors (names	and addresses)			Che	eck the box to inc	licate an attachment	
Director Name M. Robert O"I			Director Nam	<sup>6</sup> Miriam G. O"Nei	ill		
Street Address Same	Street Address						
City	State	Zip	City		State	Zip	
Director Name		<u>I</u>	Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Ζίρ	
9. Shares Authorized		10. Shares la	ssued	Chi	eck the box to inc	licate an attachment	
This information is currently of record in the NUMBE			OF SHARES CLASS/SFRIES PAR VALUE				
Department of State.		2000		cwp		\$1.000	
Changes require an additions	ıl filing.						
11. This report must be exec	cuted on behalf of the	corporation by an	authorized repre	sentative. If the co	orporation is in th	e hands of a receiver or	
trustee, this report must be	executed on behalf o	f the corporation b	y the receiver or t	rustee.	•		
Under penalty of perjury, i statements, and that all st				including any ac	companying sci	nedules and	
Name of Authorized Repres		THOUGHT WIS BES L	ma correct.	<del>·</del>	Date		
M. Robert O'Neill		March 22,2021					
Signature of Authorized Rep	presentative						
11:000	al Beir						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov