



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 SEP 22 PM 3:09

1. Entity ID Number 000083954		2. Exact name of the Corporation Lodie Brien Agency, Inc.			
3. Principal Office Address 64 Hamlet Avenue		City Woonsocket		State RI	Zip 02895
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island To engage in all aspects of the real estate brokerage				
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 Albert G. Brien		Vice-President Name			
Street Address 64 Hamlet Avenue		Street Address			
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name Albert G. Brien		Treasurer Name Albert G. Brien			
Street Address 64 Hamlet Avenue		Street Address 64 Hamlet Avenue			
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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			
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	Common	\$1.00	
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 Paul A. Fontaine, Executor of the Estate of Albert G. Brien				Date 9/20/21	
Signature of Authorized Representative <i>Paul A. Fontaine</i>					

FILED

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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 BY *ZGWR*
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 FORM 630 - Revised: 08/26/20