



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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2023-FEB-10 P 3:09

1. Entity ID Number 000544667		2. Exact name of the Corporation LYMAN PIERCE CONDUMINIUMS ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO OPERATE AND MANAGE THE LYMAN PIERCE CONDOMINIUMS			
4. NAICS Code 813990					
6. Principal Office Address 76 IVY STREET- UNIT 1			City PROVIDENCE	State RI	Zip 02906
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors					Check the box to indicate an attachment <input type="checkbox"/>
President Name DENISE ORFANOS			Vice-President Name N/A		
Street Address 404 WOODLAND PL			Street Address		
City HAWORTH	State NJ	Zip 07641	City	State	Zip
Secretary Name DENISE ORFANOS			Treasurer Name DENISE ORFANOS		
Street Address 404 WOODLAND PL			Street Address 404 WOODLAND PL		
City HAWORTH	State NJ	Zip 07641	City HAWORTH	State NJ	Zip 07641
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors					Check the box to indicate an attachment <input type="checkbox"/>
Director Name DENISE ORFANOS			Director Name ALEXANDER ORFANOS		
Street Address 404 WOODLAND PL			Street Address 76 IVY STREET		
City HAWORTH	State NJ	Zip 07641	City PROVIDENCE	State RI	Zip 02906
Director Name LAUREN HYDE			Director Name N/A		
Street Address 76 IVY STREET			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative DENISE ORFANOS					Date 2/10/2023
Signature of Officer/Authorized Representative <i>Denise Orfanos</i>					FILED 32

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 ZMF3B