



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
 R.I. DEPARTMENT OF STATE

2023 JUN 20 A 11:51

1. Entity ID Number 000037280		2. Exact name of the Corporation LIFETIME FINANCIAL MANAGEMENT, INC.			
3. Principal Office Address 235 Lonsdale Avenue			City Pawtucket	State R.I.	Zip 02860
4. NAICS Code 621610		6. Brief description of the character of business conducted in Rhode Island NSG SVC Agency: Financial and other management services to the public			
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 Louis Paolino			Vice-President Name Marie E. Issa		
Street Address 19 Heritage Drive			Street Address 19 Heritage Drive		
City Lincoln	State R.I.	Zip 02865	City Lincoln	State R.I.	Zip 02865
Secretary Name Marie E. Issa			Treasurer Name Louis Paolino		
Street Address 19 Heritage Drive			Street Address 19 Heritage Drive		
City Lincoln	State R.I.	Zip 02865	City Lincoln	State R.I.	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marie E. Issa			Director Name LOUIS Paolino		
Street Address 19 Heritage Drive			Street Address 19 Heritage Drive		
City Lincoln	State R.I.	Zip 02865	City Lincoln	State R.I.	Zip 02865
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		PAR VALUE
			CLASS/SERIES		
			102	Common	No Par
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 Louis P. Paolino				Date 6-20-23	
Signature of Authorized Representative <i>[Signature]</i>				FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02804-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY *[Signature]*
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