



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2024**

Corporation

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

FILED STAMP
MAR 12 2024
 BY *[Signature]* 181791

1. Entity ID Number 000091647		2. Exact name of the Corporation LCP CORP.			
3. Principal Office Address 618 GREENVILLE ROAD			City NORTH SMITHFIELD	State RI	Zip 02896-9
4. NAICS Code 531190		6. Brief description of the character of business conducted in Rhode Island The ownership, maintenance, repair, purchase, sale, realty and development of real estate both improved and unimproved.			
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 ROBERT A. PEZZA			Vice-President Name		
Street Address 19 FACTORY POND CIRCLE			Street Address		
City GREENVILLE	State RI	Zip 02828	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		PAR VALUE
			CLASS/SERIES		
			300	CNP	\$0.00
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. <i>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.</i>					
Name of Authorized Representative Robert A. Pezza				Date 3-4-24	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
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