



State of Rhode Island
Department of State - Business Services Division

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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.

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 541611		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		CLASS/SERIES	PAR VALUE
		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. <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 Louis P. Paolino					Date 4-2-24
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY *TN8gm*