RI SOS Filing Number: 202450132700 Date: 4/4/2024 4:00:00 PM 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. 2. Exact name of the Corporation 1. Entity ID Number LIFETIME FINANCIAL MANAGEMENT 000037280 Zip State 3. Principal Office Address 02860 R.I. Pawtucket 235 Lonsdale Avenue 6. Brief description of the character of business conducted in Rhode Island 4. NAICS Code NSG SVC Agency: Financial and other Management Services to the Public 541611 State of Incorporation Rhode Island Check the box to indicate an attachment 🗀 7. List ALL officers (names and addresses) Vice-President Name President Name Louis Paolino Marie E. Issa Street Address Street Address 19 Heritage Drive 19 Heritage Drive State 02865 City State R.I. Lincoln 02865 R.I. Lincoln Treasuror Name Secretary Name Louis Paolino Marie E. Issa Street Address Street Address <u> 19 Heritage Drive</u> 19 Heritage Dri State R.I. zip 02865 ^{Zip} 02865 Lincoln R.I. Lincoln Check the box to indicate an attachment [8. List ALL directors (names and addresses) Director Name Director Name Louis Paolino Marie E. Issa Street Address Street Address 19 Heritage Drive 19 Heritage Drive State R.I. Zip 02865 ^{Zlp}02865 Lincoln R.I. Lincoln Director Name Director Name Street Address Street Address Zlo City State ZIp Check the box to indicate an attachment ____ 9. Shares Authorized 10. Shares Issued CLASS/SERIES NUMBER OF SHARES This information is currently of record in the Department of State. No Par 102 Changes require an additional filing. 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a recelver 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

MAIL TO:

Division of Business Services

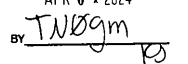
Signature of Authorized Represe

Name of Authorized Representative

148 W. River Street, Providence, Rhode Island 02904-2615

statements, and that all statements contained herein are true and correct.

Phone: (401) 222-3040 Website: www.sos.ri.gov



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