RI SOS Filing Number: 202566035830 Date: 2/24/2025 4:00:00 PM

FILED
FEB 24 2025 AM P
BY

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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	2. Exact name of the Corporation			
0000 40 334	Lisa Gordon, Inc.			
3. Principal Office Address		City	State	Zip
275 Newman Road		Center Harbor	NH	03226
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236117	Purchase, Develop and Sell Real Estate			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Ellen Gordon					
Street Address			Street Address		
275 Newman Rd					
City	State	Zip	City	State	Zip
Center Harbor	NH	03226			
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 ☐

Director Name			Director Name		
Virginia Gordon			Lisa Gordon		
Street Address			Street Address		
2504 Ellentown Rd			1 Fitchburg St		
City	State	Zip	City	State	Zip
La Jolla	CA	92037	Somerville	MA	02143
Director Name			Director Name		
Wendy Gordon			Karen G. Mills		
Street Address			Street Address		
160 Commonwealth Ave,			79 Federal St		
City	State	Zip	City	State	Zip
Boston	MA	02116	Brunswick	ME	04011

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Stock	0

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	Date
Jeanne Bridgers	2/18/2025

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised 12/2023