State of Rhode Island
Department of State - Business Services Division

FILED
FEB 24 2025 AM P
BY

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: 275 Newman Rd	Street Address:
City: Center Harbor, State: NH, Zip: 03226	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 ☐

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