



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.

REC'D RI SOS BSD
MAR 10 PM 1:42:26

1. Entity ID Number 001716163		2. Exact name of the Corporation Lopes Incorporated			
3. Principal Office Address 501 Centerville Road, Suite 200			City Warwick	State RI	Zip 02886
4. NAICS Code 54161		6. Brief description of the character of business conducted in Rhode Island Consulting			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lavonne Nkomo			Vice-President Name Lavonne Nkomo		
Street Address 1988 Phenix Ave			Street Address 1988 Phenix Ave		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Lavonne Nkomo			Treasurer Name Lavonne Nkomo		
Street Address 1988 Phenix Ave			Street Address 1988 Phenix Ave		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lavonne Nkomo			Director Name		
Street Address 1988 Phenix Ave			Street Address		
City Cranston	State RI	Zip 02921	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		
			CLASS/SERIES		
			PAR VALUE		
			No par value		
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 Lavonne Nkomo					Date 1/30/2025
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

FILED
MAR 10 2025
BY 1009
AA