



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

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3732 *02*

- 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 137613		2. Exact name of the Corporation Lincoln Village Development Corp.			
3. Principal Office Address 1029 Mendon Rd.			City Cumberland	State RI	Zip 02864
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island To buy, sell, own, develop and manage real estate.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John MacQueen			Vice-President Name Joanne Buttie		
Street Address 1029 Mendon Rd.			Street Address 1029 Mendon Rd.		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Peter Bouchard			Treasurer Name Paul Gagne		
Street Address 1029 Mendon Rd.			Street Address 1029 Mendon Rd.		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		PAR VALUE
			CLASS/SERIES		
			0		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 <i>Peter Bouchard</i>					Date <i>2/16/22</i>
Signature of Authorized Representative <i>Peter Bouchard</i>					

MAIL TO:
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