



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 124303		2. Name of Corporation R.S. LAMSON & SONS, INC.			
3. Street Address Principal Business Office 29 LAKE STREET		City HUDSON	State MA	Zip 01749	
4. Business Phone No. (800) 649-4111		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island SALE OF LUMBER AND BUILDING MATERIALS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LONA M. LAMSON			Vice President Name LYNN L. SHELDON		
Street Address 9 MERRITT DRIVE			Street Address 63 SPECTACLE HILL ROAD		
City HUDSON	State MA	Zip 01749	City BOLTON	State MA	Zip 01740
Secretary Name LEAH M. LAMSON			Treasurer Name ELSIE T. LAMSON		
Street Address 87 SAMPSON ROAD			Street Address 69 SPECTACLE HILL ROAD		
City BOLTON	State MA	Zip 01740	City BOLTON	State MA	Zip 01740
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DAVID F. LAMSON			Director Name		
Street Address 69 SPECTACLE HILL ROAD			Street Address		
City BOLTON	State MA	Zip 01740	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		Number of Shares 2,260		Class/Series COMMON	Par Value NPV

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.

File Date	
Check No.	BY
By:	
FOR SECRETARY OF STATE USE ONLY	

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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.

Signature Lona M. Lamson Date 4/12/10
LONA M. LAMSON
Print or Type Name
PRESIDENT
Title