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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 2011

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.	2. Name of Corporation		
124303	R.S. LAMSON & SONS, INC.		
3. Street Address Principal Business Office	City	State	Zip
29 LAKE STREET	HUDSON	MA	01749
4. Business Phone No.	5. State of Incorporation		
(800) 649-4111	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	Street Address	City	State	Zip
LONA M. LAMSON	9 MERRITT DRIVE	HUDSON	MA	01749

Vice President Name	Street Address	City	State	Zip
LYNN L. SHELDON	63 SPECTACLE HILL ROAD	BOLTON	MA	01740

Secretary Name	Street Address	City	State	Zip
LEAH M. LAMSON	87 SAMPSON ROAD	BOLTON	MA	01740

Treasurer Name	Street Address	City	State	Zip
ELSIE T. LAMSON	69 SPECTACLE HILL ROAD	BOLTON	MA	01740

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
DAVID F. LAMSON	69 SPECTACLE HILL ROAD	BOLTON	MA	01740

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
2,260	COMMON	NPV
THIS SECTION [illegible]		

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.

[redacted]

[redacted]

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.

✓ Lona M Lamson — ✓ Pres.
Signature — *Date*

LONA M. LAMSON
Print or Type Name

[redacted] PRESIDENT
Title

File Date FILED
Check No. FEB 11 2011
By: BY 51499
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59088-23-595054

Form 630 Rev 08/08