



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 17368		2. Exact name of the Corporation WM. J. LAMAR & SONS, INC.			
3. Principal office address 19 Commerce Street			City Greenville	State RI	Zip 02828
4. Business Phone No. (401) 349-5430			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Service and sale of air conditioning, heating and refrigeration units.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Michael J. Lamar			Vice-President Name Timothy W. Lamar, Vice President- Operations		
Street Address 3 Greenbrier Lane			Street Address 106 Weona Road		
City Attleboro	State MA	Zip 02703	City North Attleboro	State MA	Zip 02760
Secretary Name Deborah A. Estrella			Treasurer Name Deborah A. Estrella		
Street Address 79 Ryder Circle			Street Address 79 Ryder Circle		
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael J. Lamar			Director Name Timothy W. Lamar,		
Street Address 3 Greenbrier Lane			Street Address 106 Weona Road		
City Attleboro	State MA	Zip 02703	City North Attleboro	State MA	Zip 02760
Director Name Deborah A. Estrella			Director Name NONE		
Street Address 79 Ryder Circle			Street Address		
City North Attleboro	State MA	Zip 02760	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR

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 _____
FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Deborah A. Estrella 3/12/14
 Signature of Authorized Representative Date

Deborah A. Estrella
 Print or Type Name of Authorized Representative