



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

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. <b>96408</b>		2. Name of Corporation <b>LOMAS BUILDING CORP.</b>			
3. Street Address Principal Business Office <b>P.O. Box 8617</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
4. Business Phone No. <b>401-739-5674</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>GENERAL BUILDING CONTRACTING, COMMERCIAL AND INDUSTRIAL BUILDINGS, AND PREENGINEERED STEEL BUILDING RENOVATIONS AND REPAIRS</b>					
President Name <b>David R. Lomas</b>			Vice President Name <b>David R. Lomas</b>		
Street Address <b>P.O. Box 8617</b>			Street Address <b>P.O. Box 8617</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
Secretary Name <b>David R. Lomas</b>			Treasurer Name <b>David R. Lomas</b>		
Street Address <b>P.O. Box 8617</b>			Street Address <b>P.O. Box 8617</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
Director Name <b>N/A</b>			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
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>	<b>common</b>	<b>no par value</b>	<b>-100-</b>	<b>common</b>	<b>no par value</b>
			<b>THIS SECTION MUST BE COMPLETED</b>		

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.



12:22 pm  
**FILED**

\*96408\*  
**MAY 01 2014**  
**223383**

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.

*David R. Lomas* President 5/1/14  
Signature: **David R. Lomas** Date

Print or Type Name  
**President**

Title