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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.	2. Exact name of the Corporation		
655555	La Mountain, Inc.		
3. Principal office address: 8 KINNE STREET	City: WEST WARWICK	State: RI	Zip: 02893
4. Business Phone No.	5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: PROVIDE CONSTRUCTION SERVICES FOR RESIDENTIAL AND COMMERCIAL PROPERTIES			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: DAVID A. LAMOUNTAIN			Vice-President Name: KAREN A LAMOUNTAIN		
Street Address: 8 KINNE STREET			Street Address: 8 KINNE ST.		
City: WEST WARWICK	State: RI	Zip: 02893	City: WEST WARWICK	State: RI	Zip: 02893
Secretary Name: KAREN A. LAMOUNTAIN			Treasurer Name: DAVID A. LAMOUNTAIN		
Street Address: 8 KINNE ST			Street Address: 8 KINNE ST		
City: WEST WARWICK	State: RI	Zip: 02893	City: WEST WARWICK	State: RI	Zip: 02893

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: DAVID A. LAMOUNTAIN			Director Name: KAREN A. LAMOUNTAIN		
Street Address: 8 KINNE STREET			Street Address: 8 KINNE ST		
City: WEST WARWICK	State: RI	Zip: 02893	City: WEST WARWICK	State: RI	Zip: 02893
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000		0.00

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.

FOR SECRETARY OF STATE USE ONLY
File Date: 12:58 PM
Check No:
By:

FILED
MAY 08 2014
By 223788 KMC

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 of Authorized Representative — Date: 5/8/14

Timothy A Williams Esq
Print or Type Name of Authorized Representative

Form No. 630
Revised 04/2012
106283-2240155

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