

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

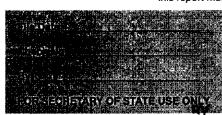
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 513674	2. Exact name of the Corporation Lakeview Construction, Inc.					
3. Principal office address 10505 Corporate Drive Ste 200			City Pleasant Prairie	,	State WI	Zip 53158
4. Business Phone No. 262-857-3336			5. State of Incorporation Wisconsin			
Brief description of the charact General Contractor - Re	er of business cond tail Constructi	ducted in Rhode Island on				
		ES OXEROX FOR AT	TACHNESS -			
President Name Kent A Moon			Vice-President Name Marc Delsman			
Street Address 5500 Churchill Lane			Street Address 3415 Pleasant Lane			
City Libertyville	State IL	Zip	City Racine		State WI	Zip
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
MANYSHOP SHIP HE HAVE WANTED	ES AND ADDRES	SES) PXC BOX FOR	TTACHELLU	k dalah		
Director Name			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
Ossificas (Carlonizado)			10. SHARES SUBJET	CLASS/8E	# PA 1 CO - DC 142 COC 50 99 5 2 4 1 C 2 C C 14 MG	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of Instruction sheet.			none			
			none			
This report must be executed on t	behalf of the corpo his report must be	oration by an authorize executed on behalf of	d repr esentative. If the c the cor poration by the re	corporation i eceiver or tr	is in the hand ustee.	ls of a receiver or trustee,



FILED

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.

01/21/2016

Signature of Authorized Representative

Date

Marc Delsman

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012