RI SOS Filing	Number: 201	735179120	Date: 2/27	7/2017 4:00:00 P	PM	
State of Rhode Island an						
Department of Sta	ate - Busines	s Services D	ivision			
Annual Report for the ye	ear:					
Corporation	ZO1		<u>-</u>			
→ Filing period: January 1 - N	virch 1					
→ Filing Fee: \$50.00	VI,31011 1					
→ Penalty: Additional \$25.00 f	ee if form is not fi	led by April 1.				
1. Entity ID Number	2. Exact name o	f the Corporation				
17815	-	. Lamso	20 ZI	2/		
3. Principal Office Address	1, 0	· Lulist			State	Zip
• • • • • • • • • • • • • • • • • • •	Aso		11/00	ruick	RI	UZ886
4. NAICS Code					1	02508
				conducted in Rhode Isl		
		instruct	in 1	Remodeli	no	
5. State of Incorporation			,0,,	, , , ,	•9	
RI						
7. List ALL officers (names and add	dresses)				he box to indicat	e an attachment L
President Name William Sundstrom			Vice-President	Linda	Sundst	Anim
Street Address			Street Address		1	WIII
8 Clinton	Hve.			8 Clinton	HUE-	
city Warwick	State \mathcal{T}	07 886	City	Varuk k	State RI	Zip 02886
Secretary Name Linda	Sundstrov	n	Treasurer Nam	e William	Sunda	tiom
Street Address			Street Address , , ,			
City 8 C/Inten	State -	Zin	City	8 Clinto	n Ifce	7:-
Warwick	RI	Zip 07886	L'	laruick	RI	CZ886
8. List ALL directors (names and ac	ldresses)				ne box to indicat	e an attachment
Director Name			Director Name			
Street Address Street Address						
City	State	Zip	City	·	State	Zip
Director Name		<u> </u>	Director Name		<u> </u>	
Director Numb			Director Harrie			
Street Address			Street Address	 i	- -,	
City	State	Zip	City		Ictory	T-s:
ORY	State	ĮΖIP	City		State	Žip
9. Shares Authorized		10. Shares Issued	d	Check th	ne box to indicate	e an attachment
This information is currently of record Department of State.	_	NUMBER OF SH	ARES	CLASS/SERIES		PAR VALUE
400 (om MON) Changes require an additional filing.	No Par Usho	40	0	Common	n	None
Changes réquire an additional filing.				7.7.7.3.		
11. This report must be executed or	hehalf of the com	oration by an auth	onized reason	entative If the com	tion is in the be-	ada of a sees'
11. 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.						
Under penalty of perjury, I declar	e and affirm that .	have examined	this report, in		anying schedu	les and
statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date						
Name of Authorized Representative William Sundstrom Signature of Authorized Representative					2/24	/17
William)	Junasi	wm	\$7 :		1 / 64	
Signature of Authorized Representa	ina b		ž.			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov