



Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>17815</u>		2. Exact name of the Corporation <u>F. W. Lamson Inc.</u>			
3. Principal Office Address <u>8 Clinton Ave.</u>		City <u>Warwick</u>		State <u>RI</u>	Zip <u>02886</u>
4. NAICS Code <u>23</u>		6. Brief description of the character of business conducted in Rhode Island <u>Construction + Remodeling</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>William Sundstrom</u>		Vice-President Name <u>Linda Sundstrom</u>			
Street Address <u>8 Clinton Ave.</u>		Street Address <u>8 Clinton Ave.</u>			
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>
Secretary Name <u>Linda Sundstrom</u>		Treasurer Name <u>William Sundstrom</u>			
Street Address <u>8 Clinton Ave.</u>		Street Address <u>8 Clinton Ave.</u>			
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
9. Shares Authorized This information is currently of record in the Department of State. <u>400 Common No Par Value</u> Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES <u>400</u>		CLASS/SERIES <u>Common</u>	PAR VALUE <u>None</u>
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 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.					
Name of Authorized Representative <u>William Sundstrom</u>				Date <u>2/24/17</u>	
Signature of Authorized Representative <u>William Sundstrom</u>				FILED FEB 27 2017	

BY 11997 DS