



State of Rhode Island and Providence Plantations

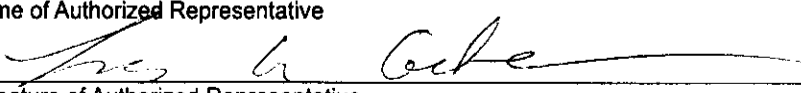
Department of State - Business Services Division

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 796504		2. Exact name of the Corporation L.G.C. Homeimprovement & Masonry Inc.			
3. Principal Office Address 365 Larchwood Dr.		City Warwick		State RI	Zip 02886
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Buy homes. Remodel and Resell homes			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Luis Gabriel Costa			Vice-President Name Ana Maria Costa		
Street Address 365 Larchwood Drive			Street Address 365 Larchwood Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Ana Maria Costa			Treasurer Name Ana Maria Costa		
Street Address 365 Larchwood Drive			Street Address 365 Larchwood Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Luis Gabriel Costa			Director Name Ana Maria Costa		
Street Address 365 Larchwood Drive			Street Address 365 Larchwood Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE .01
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 					Date 3/7/17
Signature of Authorized Representative					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 15 2017

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FORM 630 - Revised: 02/2017