



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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 000159297		2. Exact name of the Corporation LMP construction, Inc.			
3. Principal Office Address 897 Eddy St.		City Providence	State RI	Zip 02905	
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island construction			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Leovigildo Jacosta		Vice-President Name Mariano v. Jacosta			
Street Address 126 Central Ave.		Street Address 25 Community Dr.			
City E. Providence	State RI	Zip 02914	City Cranston	State RI	Zip 02905
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Helton V. Costa		Director Name			
Street Address 284 Swan St.		Street Address			
City Providence	State RI	Zip 02905	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. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIES	PAR VALUE \$0.0100	
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 Leovigildo Jacosta				Date 09-13-17	
Signature of Authorized Representative Leovigildo da Costa				SIGN DOCUMENT HERE FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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