



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

**FILED**

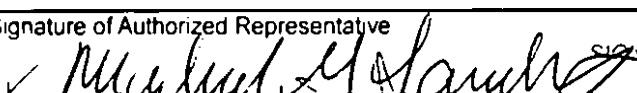
JAN 25 2018

BY 3431Annual Report for the year: **2018**  
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 <b>152769</b>		2. Exact name of the Corporation <b>M &amp; L, Inc.</b>			
3. Principal Office Address <b>155 Jenckes Hill Road</b>			City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
4. NAICS Code <b>236116</b>		6. Brief description of the character of business conducted in Rhode Island <b>GENERAL BUILDING CONSTRUCTION.</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MICHEL G. LAMBERT</b>			Vice-President Name <b>LUC M. LAMBERT</b>		
Street Address <b>155 Jenckes Hill Road</b>			Street Address <b>60 Madeira Avenue</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>
Secretary Name <b>JOHANNE L. BENNETT</b>			Treasurer Name <b>LUC M. LAMBERT</b>		
Street Address <b>17 Valley View Drive</b>			Street Address <b>60 Madeira Avenue</b>		
City <b>South Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MICHEL G. LAMBERT</b>			Director Name <b>LUC M. LAMBERT</b>		
Street Address <b>155 Jenckes Hill Road</b>			Street Address <b>60 Madeira Avenue</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>200</b>		<b>Common</b>		<b>\$0.01</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>MICHEL G. LAMBERT</b>				Date <b>January 18, 2018</b>	
Signature of Authorized Representative  SIGN DOCUMENT HLRL					

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017