



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 MAR 25 PM 1:13
SECRETARY OF STATE
CORPORATION DIVISION

Annual Report for the year: 2019
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 001671015		2. Exact name of the Corporation LINCOLN MASTER CONSTRUCTION INC.			
3. Principal Office Address 449 NORTH MAIN ST. APT. 7			City BROCKTON	State MA	Zip 02301
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island ROOFING SIDING WINDOWS GUTTERS CONSTRUCTION DEMO			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name IVAN PAREDES			Vice-President Name		
Street Address 449 NORTH MAIN			Street Address		
City BROCKTON	State MA	Zip 02301	City	State	Zip
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			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		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		10,000	STK	\$1.00	
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 Ivan Paredes				Date 3/25/19	
Signature of Authorized Representative Ivan Paredes				SIGN DOCUMENT HERE MAR 25/2019 BY [Signature] 1:15	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov