



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

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

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. <i>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.</i> | | | | | |
| Name of Authorized Representative Ivan Paredes | | | | Date 3/25/19 | |
| Signature of Authorized Representative Ivan Paredes | | | | SIGN DOCUMENT HERE | |

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

FILED

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BY [Signature] 1:15