



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual 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.

RECEIVED  
STATE  
SECRETARY  
CORPORATIONS  
MAR 25 PM 1:13  
2019

1. Entity ID Number <b>001671015</b>		2. Exact name of the Corporation <b>LINCOLN MASTER CONSTRUCTION INC.</b>	
3. Principal Office Address <b>449 NORTH MAIN ST. APT. 7</b>		City <b>BROCKTON</b>	State <b>MA</b>
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island <b>ROOFING SIDING WINDOWS GUTTERS CONSTRUCTION DEMO</b>	
5. State of Incorporation <b>MA</b>		Zip <b>02301</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>IVAN PAREDES</b>		Vice-President Name	
Street Address <b>449 NORTH MAIN</b>		Street Address	
City <b>BROCKTON</b>	State <b>MA</b>	Zip <b>02301</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <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>10,000</b>	<b>STK</b>
			<b>\$1.00</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>Ivan Paredes</b>		Date <b>3/25/19</b>	
Signature of Authorized Representative <b>Ivan Paredes</b>		SIGNATURE <b>FILED</b> <b>MAR 25 2019</b> <b>BY [Signature] 1:14</b>	