



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

FILED STAMP

Annual Report for the year: 2020 Corporation

JAN 22 2020

BY W. M. Clavin

- 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 25134		2. Exact name of the Corporation LYN CONTRACTING COMPANY					
3. Principal Office Address 221 Hallene Road			City Warwick	State RI	Zip 02886		
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island General contracting					
5. State of Incorporation Rhode Island							
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
President Name William M. Clavin			Vice-President Name None				
Street Address 221 Hallene Road			Street Address				
City Warwick	State RI	Zip 02886	City	State	Zip		
Secretary Name William M. Clavin			Treasurer Name William M. Clavin				
Street Address 221 Hallene Road			Street Address 221 Hallene Road				
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886		
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
Director Name None			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 checked="" 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	
		88		Common		No Par Value	
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 William M. Clavin, President					Date 1/13/2020		
Signature of Authorized Representative 					SIGN DOCUMENT HERE		

MAIL TO:
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 Website: www.sos.ri.gov