



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

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**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 145426		2. Exact name of the Corporation Lourenco Construction, Inc.					
3. Principal Office Address 30 Ridge Street			City Cranston	State RI	Zip 02920		
4. NAICS Code 238310		6. Brief description of the character of business conducted in Rhode Island To install and repair drywall, plaster, tile work and perform other construction work					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name Carlos A. Lourenco			Vice-President Name Carlos A. Lourenco				
Street Address 30 Ridge Street			Street Address 30 Ridge Street				
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920		
Secretary Name Emilia C. Lourenco			Treasurer Name Carlos A. Lourenco				
Street Address 30 Ridge Street			Street Address 30 Ridge Street				
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name Carlos A. Lourenco			Director Name Emilia C. Lourenco				
Street Address 30 Ridge Street			Street Address 30 Ridge Street				
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized							
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		200		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. <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 Carlos A. Lourenco					Date 2/20/2020		
Signature of Authorized Representative <i>Carlos A. Lourenco</i>							

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

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