



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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R.I. DEPT. OF STATE  
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2020 FEB 25 10:02

Annual Report for the year: 2020  
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 <b>000076281</b>		2 Exact name of the Corporation <b>LONSDALE CONCRETE CONSTRUCTION, INC.</b>			
3. Principal Office Address <b>201 Broad Street</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>238110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Construction work</b>			
5. State of Incorporation <b>RI</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>Jose Almeida</b>			Vice-President Name <b>Aurora Almeida</b>		
Street Address <b>2600 Diamond Hill Road</b>			Street Address <b>2600 Diamond Hill Road</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>Aurora Almeida</b>			Treasurer Name <b>Jose Almeida</b>		
Street Address <b>2600 Diamond Hill Road</b>			Street Address <b>2600 Diamond Hill Road</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Jose Almeida</b>			Director Name <b>Aurora Almeida</b>		
Street Address <b>2600 Diamond Hill Road</b>			Street Address <b>2600 Diamond Hill Road</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES <b>300</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par Value</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.					
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 <b>Jose Almeida</b>					Date <b>2/19/20</b>
Signature of Authorized Representative					

SIGN DOCUMENT HERE

FILED

## MAIL TO:

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

FEB 25 2020

BY CK 11766  
10:02

FORM 630 - Revised: 10/2017