



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2020 MAR 12 PM 12:58

**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>000063439</b>		2. Exact name of the Corporation <b>LANPHEAR &amp; SONS, INC.</b>		
3. Principal Office Address <b>158 Watch Hill Road</b>		City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
4. NAICS Code <b>236118</b>	6. Brief description of the character of business conducted in Rhode Island <b>Construction and renovation of buildings.</b>			
5. State of Incorporation <b>Rhode Island</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>Timothy S. Lanphear</b>		Vice-President Name <b>Timothy S. Lanphear</b>		
Street Address <b>P.O. Box 3062</b>		Street Address <b>P.O. Box 3062</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>
Secretary Name <b>Timothy S. Lanphear</b>		Treasurer Name <b>Timothy S. Lanphear</b>		
Street Address <b>P.O. Box 3062</b>		Street Address <b>P.O. Box 3062</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</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>Timothy S. Lanphear</b>		Director Name		
Street Address <b>P.O. Box 3062</b>		Street Address		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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	CLASS/SERIES	PAR VALUE
		<b>200</b>	<b>Common</b>	<b>None</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>Timothy S. Lanphear, President</b>			Date <b>3/10/2020</b>	
Signature of Authorized Representative <i>Timothy S. Lanphear</i>		FILED SIGN DOCUMENT HERE MAR 12 2020 BY <i>[Signature]</i> FOJPP 12:58		

MAIL TO:  
 Division of Business Services  
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