



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

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.

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

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>	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>	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>	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
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	
		<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>		SIGN DOCUMENT HERE <b>FILED</b> <b>MAR 12 2020</b> <b>BY [Signature] FOTJP</b> <b>12:58</b>	

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