



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2020 MAY 21 PM 3:10

1. Entity ID Number 000112092		2. Exact name of the Corporation WM. J. LYNCH & SONS, INC			
3. Principal Office Address 320 NEWPORT AVENUE		City EAST PROVIDENCE		State RI	Zip 02916
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island BUY, SELL, LEASE AND RENOVATE REAL ESTATE TITLE: 7-1.1-51			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN C. LYNCH			Vice-President Name		
Street Address 320 NEWPORT AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02916	City	State	Zip
Secretary Name			Treasurer Name JOHN C. LYNCH		
Street Address			Street Address 320 NEWPORT AVENUE		
City	State	Zip	City EAST PROVIDENCE	State RI	Zip 02916
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN C. LYNCH			Director Name		
Street Address 320 NEWPORT AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02916	City	State	Zip
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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100		
			0		
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 JOHN C. LYNCH				Date 18 MAY 2020	
Signature of Authorized Representative John C Lynch					

FILED

SIGN DOCUMENT FILED
MAY 21 2020

BY **JTT/HR**
A.A. 3:13 PM