RI SOS Filing Number: 202040664370 Date: 5/21/2020 3:12:00 PM State of Rhode Island and Providence Plantations **Department of State - Business Services Division** R.I. DEPT. OF STATE BUS SVCS DIV Annual Report for the year: 2019 Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00 2020 KAY 21 PM 3: 11 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 1 Entity ID Number 2. Exact name of the Corporation 2. Exact name of the Corporation

Wm. T. LYNCH & SONS, INC

City

RUMFORO 00011209Z 3 Principal Office Address 320 NEWPORT AVENUE 4. NAICS Code 6 Brief description of the character of business conducted in Rhode Island REAL ESTATE BRUKERAGE /SAZES / LEASE / RENOVATE 531210 5. State of Incorporation 7. List ALL officers (names and addresses) Check the box to indicate an attachment Vice-President Name JOHN C. LYNCH Street Address
320 NEW PORT AVENUE Street Address Zip 02916 Zip Treasurer Name JOHN C. LYNCY Street Address State Zip CHEMS PRIVIPENCE 8 List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Street Address Zip 02916 State Zip Director Name Street Address Street Address State City 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES PAR VALUE Department of State. Changes require an additional filing. 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 JUHN C. LYNCH 18 mry 2020 Signature of Authorized Representative **Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www sos ri gov FORM 630 - Revised: 10/2017