



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.

FILED
JUN 18 2020
3585
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1. Entity ID Number 001681804		2. Exact name of the Corporation LORING AND SON MASONRY RESTORATION, INC.			
3. Principal Office Address 12 GLENWOOD PLACE		City NEW LONDON		State CT	Zip 06320
4. NAICS Code -- 236118		6. Brief description of the character of business conducted in Rhode Island MASONRY SUBCONTRACTOR			
5. State of Incorporation Connecticut					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TERESA MARIE LORING			Vice-President Name Scott Alan Loring		
Street Address 12 GLENWOOD PLACE			Street Address 12 GLENWOOD PLACE		
City New London	State CT	Zip 06320	City New London	State CT	Zip 06320
Secretary Name Scott Alan Loring			Treasurer Name TERESA MARIE LORING		
Street Address 12 GLENWOOD PLACE			Street Address 12 GLENWOOD PLACE		
City New London	State CT	Zip 06320	City New London	State CT	Zip 06320
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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	
5000		Common		\$1.00	
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 TERESA MARIE LORING					Date 3-1-2020
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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