



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.

1. Entity ID Number 000024362		2. Exact name of the Corporation LONSDALE CONCRETE FLOORS, INC.											
3. Principal Office Address 201 Broad Street		City Cumberland	State RI	Zip 02864									
4. NAICS Code 238110	6. Brief description of the character of business conducted in Rhode Island Building and repairing concrete and cement flooring.												
5. State of Incorporation RI													
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐													
President Name Jose C. Almeida		Vice President Name Joseph Almeida											
Street Address 2600 Diamond Hill Road		Street Address 3947 Diamond Hill Road											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI									
Secretary Name Joseph Almeida		Treasurer Name Joseph Almeida											
Street Address 3947 Diamond Hill Road		Street Address 3947 Diamond Hill Road											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐													
Director Name Jose C. Almeida		Director Name Joseph Almeida											
Street Address 2600 Diamond Hill Road		Street Address 3947 Diamond Hill Road											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI									
Director Name None		Director Name None											
Street Address		Street Address											
City	State	Zip	City	State									
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 ☐											
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS OF SHARES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS OF SHARES	PAR VALUE	100	Common	No Par Value			
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100	Common	No Par Value											
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 Jose C. Almeida			Date 2/19/20										
Signature of Authorized Representative <i>Jose C. Almeida</i>													

MAIL TO:
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

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