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	2 Exact name of the Corporation
000024362	LONSDALE CONCRETE FLOORS, INC.

3 Principal Office Address	City	State	Zip
201 Broad Street	Cumberland	RI	02864

4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island
238110	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	Vice-President Name
Jose C. Almeida	Joseph Almeida
Street Address: 2600 Diamond Hill Road	Street Address: 3947 Diamond Hill Road
City: Cumberland, State: RI, Zip: 02864	City: Cumberland, State: RI, Zip: 02864
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, Zip: 02864

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Jose C. Almeida	Joseph Almeida
Street Address: 2600 Diamond Hill Road	Street Address: 3947 Diamond Hill Road
City: Cumberland, State: RI, Zip: 02864	City: Cumberland, State: RI, Zip: 02864
Director Name: None	Director Name: None
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9 Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS OF SHARES	PAR VALUE
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: Jose C. Almeida

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

Filed 2/19/20
Check # 1546

FORM 630 - Revised 10/2017