



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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

FEB 01 2021

BY

22900 OS

1. Entity ID Number 015413		2. Exact name of the Corporation L. A. Patterson, Inc.			
3. Principal Office Address 1401 Boston Neck Road			City Saunderstown	State RI	Zip 02874
4. NAICS Code 236110		6. Brief description of the character of business conducted in Rhode Island Clearing Land, Installing Septic Systems, Drainage Work, Grading Work & Local Trucking (RI)			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Allegra J. Patterson			Vice-President Name Daniel W. Patterson		
Street Address 1401 Boston Neck Road			Street Address 332 South County Trail		
City Saunderstown	State RI	Zip 02874	City Exeter	State RI	Zip 02822
Secretary Name Daniel W. Patterson			Treasurer Name Allegra J. Patterson		
Street Address 332 South County Trail			Street Address 1401 Boston Neck Road		
City Exeter	State RI	Zip 02822	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Allegra J. Patterson			Director Name Daniel W. Patterson		
Street Address 1401 Boston Neck Road			Street Address 332 South County Trail		
City Saunderstown	State RI	Zip 02874	City Exeter	State RI	Zip 02822
Director Name			Director Name		
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/SERIES		PAR VALUE
			1,000	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 Allegra J. Patterson				Date 1/27/21	
Signature of Authorized Representative <i>Allegra J. Patterson, Pres./Treas.</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