



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.

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BUS SVCS DIV

2021 FEB -4 AM 9:34

1. Entity ID Number 787713		2. Exact name of the Corporation LUSSIER'S Construction, Inc.										
3. Principal Office Address 132 Money Hill Rd		City Chepachet	State RI									
		Zip 02814										
4. NAICS Code 238110	6. Brief description of the character of business conducted in Rhode Island Concrete foundations											
5. State of Incorporation RI												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name Ronald J. Lussier		Vice President Name Joshua R. Lussier										
Street Address 132 Money Hill Rd		Street Address 132 Money Hill Rd										
City Chepachet	State RI	City Chepachet	State RI									
Zip 02814		Zip 02814										
Secretary Name Julie Greene		Treasurer Name Julie Greene										
Street Address 200 Tinkham Lane APT 315		Street Address 200 Tinkham Lane APT 315										
City Harrisville	State RI	City Harrisville	State RI									
Zip 02830		Zip 02830										
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐												
Director Name Ronald J. Lussier		Director Name										
Street Address 132 Money Hill Rd		Street Address										
City Chepachet	State RI	City	State									
Zip 02814		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0		0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
0		0										
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 Ronald J. Lussier		Date 1.26.21										
Signature of Authorized Representative 												

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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