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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB -4 AM 9:34

1. Entity ID Number	2. Exact name of the Corporation		
787713	Lussier's Construction, Inc.		
3. Principal Office Address	City	State	Zip
132 Money Hill Rd	Chepachet	RI	02814
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238110	Concrete foundations		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Ronald J. Lussier	Joshua R. Lussier
Street Address: 132 Money Hill Rd	Street Address: 132 Money Hill Rd
City: Chepachet; State: RI; Zip: 02814	City: Chepachet; State: RI; Zip: 02814
Secretary Name: Julie Coreene	Treasurer Name: Julie Greene
Street Address: 200 Tinkham Lane APT 315	Street Address: 200 Tinkham Lane APT 315
City: Harrisville; State: RI; Zip: 02830	City: Harrisville; State: RI; Zip: 02830

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

Director Name	Director Name
Ronald J. Lussier	
Street Address: 132 Money Hill Rd	Street Address:
City: Chepachet; State: RI; Zip: 02814	City; State; Zip:
Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0		0

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	Date
Ronald J. Lussier	1.26.21

Signature of Authorized Representative: Ronald J. Lussier

FILED
FEB 04 2021
BY GAMSW
A.A. 9:36AM

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: 08/2020