



State of Rhode Island and Providence Plantations

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.

MAR 03 2021

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STAMP

1. Entity ID Number 000017368		2. Exact name of the Corporation WM. J. LAMAR & SONS, INC.			
3. Principal Office Address 19 Commerce Street			City Greenville	State RI	Zip 02828
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Service and sale of air conditioning, heating and refrigeration units.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael J. Lamar			Vice-President Name William Ricci, Jr. - VP Construction		
Street Address 6 Greenbriar Lane			Street Address 10D Nicole Drive		
City Attleboro	State MA	Zip 02703	City Smithfield	State RI	Zip 02917
Secretary Name Deborah A. Estrella			Treasurer Name Deborah A. Estrella		
Street Address 79 Ryder Circle			Street Address 79 Ryder Circle		
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael J. Lamar			Director Name Deborah A. Estrella		
Street Address 6 Greenbriar Lane			Street Address 79 Ryder Circle		
City Attleboro	State MA	Zip 02703	City North Attleboro	State	Zip
Director Name NONE			Director Name NONE		
Street Address 0			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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR
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 Deborah A. Estrella					Date 1/14/21
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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