



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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 R.I. DEPT. OF STATE
 BUS SVCS DIV

STAMP

2021 JUN 10 A 10:40

1. Entity ID Number <u>001665136</u>		2. Exact name of the Corporation <u>J K Lyons Construction Co Inc</u>												
3. Principal Office Address <u>14 Reeves St</u>		City <u>Canter</u>	State <u>R.I.</u>	Zip <u>02920</u>										
4. NAICS Code <u>237990</u>	6. Brief description of the character of business conducted in Rhode Island <u>Construction</u>													
5. State of Incorporation <u>R.I.</u>														
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐									
President Name <u>Jason Lyons</u>		Vice-President Name												
Street Address <u>14 Reeves St.</u>		Street Address												
City <u>Canter</u>	State <u>R.I.</u>	Zip <u>02920</u>	City	State	Zip									
Secretary Name		Treasurer Name												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐									
Director Name		Director Name												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
Director Name		Director Name												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued												
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>0</u>					
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<u>0</u>														
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 <u>Jason Lyons</u>				Date <u>6/10/21</u>										
Signature of Authorized Representative <u>[Signature]</u>														

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

JUN 10 2021

BY Ch F98WT

FORM 630 - Revised: 08/2020