



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Corporation

2023

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 FEB -1 PM 2:04 2023 JAN 12 PM 1:26

1. Entity ID Number 000017815		2. Exact name of the Corporation F.W. Lamson, Inc.	
3. Principal Office Address 19 Brown Ave		City Johnston	State R.I. Zip 02919
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island Construction + Remodeling		
5. State of Incorporation R.I.			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name William Sundstrom		Vice-President Name Tina Sweeney	
Street Address 19 Brown Ave.		Street Address 19 Brown Ave.	
City Johnston	State RI	City Johnston	State R.I. Zip 02919
Secretary Name Tina Sweeney		Treasurer Name William Sundstrom	
Street Address 19 Brown Ave.		Street Address 19 Brown Ave.	
City Johnston	State R.I.	City Johnston	State R.I. Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES 400	
Changes require an additional filing.		CLASS/SERIES CNP	
		PAR VALUE 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 William Sundstrom		Date 1/9/23	
Signature of Authorized Representative Willie Suck		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

FEB 1 2023

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FORM 630 - Revised: 11/2021