



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period February 1 - May 1

→ Filing Fee: \$50.00

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

FEB 06 2023

STAMP

3755

1. Entity ID Number 89281		2. Exact name of the Corporation L & L CONCRETE FORMS, INC.			
3. Principal Office Address 206 Hornbine Road		City Swansea		State MA	Zip 02777
4. NAICS Code 238330		6. Brief description of the character of business conducted in Rhode Island Installation of Concrete Forms			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Glenn M. Looker			Vice-President Name None		
Street Address 206 Hornbine Road			Street Address		
City Swansea	State MA	Zip 02777	City	State	Zip
Secretary Name Glenn M. Looker			Treasurer Name Glenn M. Looker		
Street Address 206 Hornbine Road			Street Address 206 Hornbine Road		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Glenn M. Looker			Director Name None		
Street Address 206 Hornbine Road			Street Address		
City Swansea	State MA	Zip 02777	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
10. Shares Issued Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	Common	No Par Value	
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 Glenn M. Looker				Date 1/13/23	
Signature of Authorized Representative					

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: 11/2021