



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.

FILED

MAR 20 2023

BY 8002

1. Entity ID Number 89534		2. Exact name of the Corporation Lavallee Windows & Siding, Ltd.			
3. Principal Office Address 259 Congdon Drive		City Wakefield	State RI	Zip 02879	
4. NAICS Code 238390	6. Brief description of the character of business conducted in Rhode Island To engage in the exterior remodeling of residential and commercial properties.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert S. Lavallee			Vice-President Name Robert S. Lavallee		
Street Address 259 Congdon Drive			Street Address 259 Congdon Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name same as above			Treasurer Name same as above		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 100	CLASS/SERIES common	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 Robert S. Lavallee				Date 3/5/23	
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: 2/2023