RI SOS Filing Number: 202335312230 Date: 5/5/2023 4:00:00 PM

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.

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BUS SVCS DIV
2023 MAY -5 A 8:32

1. Entity ID Number	2. Exact name of the Corporation			
000072389	Barrington Lumber & Supplies, Inc.			
3. Principal Office Address		City	State	Zip
65 Bay Spring Avenue		Barrington	RI	02806
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
444190	the sale of lumber and hardware supplies			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Alfred Almeida			Vice-President Name: none		
Street Address: 152 Lincoln Avenue			Street Address:		
City: Barrington	State: RI	Zip: 02806	City:	State:	Zip:
Secretary Name: Kathleen Almeida			Treasurer Name: Alfred Almeida		
Street Address: 152 Lincoln Avenue			Street Address: 152 Lincoln Avenue		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Alfred Almeida			Director Name: Kathleen Almeida		
Street Address: 152 Lincoln Avenue			Street Address: 152 Lincoln Avenue		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Alfred Almeida	4/24/23

Signature of Authorized Representative: [signature]

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
MAY 05 2023
BY ML 9081

FORM 630 - Revised: 2/2023