State of Rhode Island Fee: \$50.00 Office of the Secretary of State Office
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040
Business Corporation Annual Report Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024 : <u>2024</u>
1. Corporate ID No. 000119913
2. Name of Corporation LOCKHART DRYWALL & PLASTERING COMPANY, INC.
3. Street Address Principal Business Office:
No. and Street: <u>14 SEXTANT LN</u>
City or Town: <u>NARRAGANSETT</u> State: <u>RI</u> Zip: <u>02882-1146</u> Country: <u>USA</u>
4. Business Phone No.
<u>4012551858</u>
5. State of Incorporation
State: <u>RI</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>238310</u>
6. Brief Description of the Character of Business Conducted in Rhode Island
PLASTERING OF NEW AND REPAIRS
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

	Individual Name First, Middle, Last, Suffix		Address Address, City or Town, State, Zip Code, Country		
VICE PRESIDENT	THERESA ANN LOCKHART		24 OSCEOLA AVE NARRAGANSETT, RI 02882 USA		
OTHER OFFICER	KEN LOCKHART		14 SEXTANT LN NARRAGANSETT, RI 02882-1146 USA		
8. Shares Authorized and Iss	ued				
Class of Stock	Series of Stock	Par Value Per Share		Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
II		\$0.0000		j i i i i i i i i i i i i i i i i i i i	
STK 9. This report must be execut the corporation is in the ha		e corpora	tion by an		
9. This report must be execut	ands of a receiver	e corpora	tion by an	authorized repres	entative. If

Form No. 630 Revised 09/07

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