



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000134883		2. Exact name of the Corporation P.K. Lamb Properties, Inc.			
3. Principal Office Address 23 Bay State Road			City Rehoboth	State MA	Zip 02769
4. NAICS Code 531312		6. Brief description of the character of business conducted in Rhode Island To hold, rent, invest in and otherwise deal in real estate.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael W. McAllister			Vice-President Name		
Street Address 23 Bay State Road			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Secretary Name Michael W. McAllister			Treasurer Name Michael W. McAllister		
Street Address 23 Bay State Road			Street Address 23 Bay State Road		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
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		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common Shares	0.01 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 Michael W. McAllister					Date 01/19/2024
Signature of Authorized Representative					FILED

JAN 30 2024
BY ML 1813

MAIL TO:
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