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State of Rhode Island
Department of State - Business Services Division

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 000825625 | | 2. Exact name of the Corporation LALLY ENTERPRISES, INC. | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|------------------|--------------|-----------|------------|----------------------|---------------------|--|--|--|
| 3. Principal Office Address 3 Anderson Way | | | City Lakeville | State MA | Zip 02347 | | | | | | | | | |
| 4. NAICS Code 238220 | | 6. Brief description of the character of business conducted in Rhode Island Commercial and industrial piping contractors | | | | | | | | | | | | |
| 5. State of Incorporation MA | | | | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| President Name Pauline L. Lally | | | Vice-President Name | | | | | | | | | | | |
| Street Address 3 Anderson Way | | | Street Address | | | | | | | | | | | |
| City Lakeville | State MA | Zip 02347 | City | State | Zip | | | | | | | | | |
| Secretary Name Pauline L. Lally | | | Treasurer Name Pauline L. Lally | | | | | | | | | | | |
| Street Address 3 Anderson Way | | | Street Address 3 Anderson Way | | | | | | | | | | | |
| City Lakeville | State MA | Zip 02347 | City Lakeville | State MA | Zip 02347 | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name Pauline L. Lally | | | Director Name | | | | | | | | | | | |
| Street Address 3 Anderson Way | | | Street Address | | | | | | | | | | | |
| City Lakeville | State MA | Zip 02347 | 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. | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">NUMBER OF SHARES</th> <th style="text-align: center;">CLASS/SERIES</th> <th style="text-align: center;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">153</td> <td style="text-align: center;">Common Shares</td> <td style="text-align: center;">no par value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 153 | Common Shares | no par value | | | |
| | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | | |
| 153 | Common Shares | 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. <i>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.</i> | | | | | | | | | | | | | | |
| Name of Authorized Representative Pauline L. Lally | | | | | Date 2-26-24 | | | | | | | | | |
| Signature of Authorized Representative <i>Pauline L. Lally</i> | | | | | | | | | | | | | | |

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

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BY 1983

FORM 630- Revised: 12/2023