

REC'D RID05 BSD
24 FEB 29 PM 12:22:29



**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.		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>					

MAILED 1222

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

FEB 29 2024
BY 1983