



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.

2024-03-22 15:20:55

1. Entity ID Number 000076281		2. Exact name of the Corporation LONSDALE CONCRETE CONSTRUCTION, INC												
3. Principal Office Address 201 Broad Street			City Cumberland	State RI	Zip 02864									
4. NAICS Code 238110		6. Brief description of the character of business conducted in Rhode Island Construction Work												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Joseph Almeida			Vice-President Name None											
Street Address 3947 Diamond Hill Road			Street Address											
City Cumberland	State RI	Zip 02864	City	State	Zip									
Secretary Name Joseph Almeida			Treasurer Name Joseph Almeida											
Street Address 3947 Diamond Hill Road			Street Address 3947 Diamond Hill Road											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name Joseph Almeida			Director Name None											
Street Address 3947 Diamond Hill Road			Street Address											
City Cumberland	State RI	Zip 02864	City	State	Zip									
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>300</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300		0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
300		0												
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 Joseph Almeida				Date 2/20/24										
Signature of Authorized Representative				FILED										