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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

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 001744567		2. Exact name of the Corporation LOZAN CONSTRUCTION INC	
3. Principal Office Address 110 BENEFIT STREET		City PAWTUCKET	State RI
		Zip 02861	
4. NAICS Code 236115	6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MISHELLE LOZANO		Vice-President Name	
Street Address 110 BENEFIT STREET		Street Address	
City PAWTUCKET	State RI	Zip 02861	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 1	CLASS/SERIES LOW
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 MISHELLE LOZANO		Date 02/21/2024	
Signature of Authorized Representative Mishelle Lozano		FILED 1100	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY SWK
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FORM 630- Revised: 12/2023