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24 OCT 4 PM 1:42:56State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year:
Corporation2018

- 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 1057173		2. Exact name of the Corporation Lanham Insulation Inc.			
3. Principal Office Address 40 Kingbrook Parkway #4		City Simpsonville	State KY	Zip 40067	
4. NAICS Code 238290		6. Brief description of the character of business conducted in Rhode Island mechanical industrial insulation			
5. State of Incorporation KY					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James D. Lanham			Vice-President Name John Beam		
Street Address 40 Kingbrook Pkwy #4			Street Address 40 Kingbrook Pkwy #4		
City Simpsonville	State KY	Zip 40067	City Simpsonville	State KY	Zip 40067
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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	City	State	Zip
Director Name			Director Name		
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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 2000	CLASS/SERIES Common	PAR VALUE 1.00
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 Malone, Accounting Manager					Date 10/3/2024
Signature of Authorized Representative 					FILED

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

OCT 4 2024
 BY KB Ty3

FORM 630- Revised: 12/2023