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State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2017  
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<br><b>1057173</b>  |                    | 2. Exact name of the Corporation<br><b>Lanham Insulation Inc.</b>  |                               |
| 3. Principal Office Address<br><b>40 Kingbrook Parkway #4</b>  |                    | City<br><b>Simpsonville</b>  | State<br><b>KY</b>            |
| 4. NAICS Code<br><b>238290</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>mechanical industrial insulation</b> |                               |
| 5. State of Incorporation<br><b>KY</b>   |                    |  |                               |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |                               |
| President Name<br><b>James D. Lanham</b>   |                    | Vice-President Name<br><b>John Beam</b>  |                               |
| Street Address<br><b>40 Kingbrook Pkwy #4</b>  |                    | Street Address<br><b>40 Kingbrook Pkwy #4</b>  |                               |
| City<br><b>Simpsonville</b>  | State<br><b>KY</b> | Zip<br><b>40067</b>  | City<br><b>Simpsonville</b>   |
| Secretary Name   |                    | Treasurer Name   |                               |
| Street Address   |                    | Street Address   |                               |
| City   | State              | Zip  | City                          |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |                               |
| Director Name  |                    | Director Name  |                               |
| Street Address   |                    | Street Address   |                               |
| City   | State              | Zip  | City                          |
| Director Name  |                    | Director Name  |                               |
| Street Address   |                    | Street Address   |                               |
| City   | State              | Zip  | City                          |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.   |                    | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                               |
|  |                    | NUMBER OF SHARES<br><b>2000</b>  | CLASS/SERIES<br><b>COMMON</b> |
|  |                    |  | PAR VALUE<br><b>1.00</b>      |
| 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.<br><b>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.</b> |                    |  |                               |
| Name of Authorized Representative<br><b>Michael Malone, Accounting Manager</b>   |                    | Date<br><b>10/3/2024</b>   |                               |
| Signature of Authorized Representative<br>   |                    |  |                               |

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

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BY KBTy3

FORM 630- Revised: 12/2023