



State of Rhode Island
Department of State - Business Services Division

FIELD

FEB 11 2025 STAMP
 BY 1403

Annual Report for the year: 2025
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. Entry ID Number 70675		2. Exact name of the Corporation MICHAEL LAFLAMME CONTRACTORS, INC.			
3. Principal Office Address 422 Sylvan Court		City Saunderstown		State RI	Zip 02874
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island General Contracting			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Laflamme			Vice-President Name Kathy Laflamme		
Street Address 422 Sylvan Court			Street Address 422 Sylvan Court		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Michael Laflamme			Treasurer Name Michael Laflamme		
Street Address 422 Sylvan Court			Street Address 422 Sylvan Court		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Laflamme			Director Name None		
Street Address 422 Sylvan Court			Street Address		
City Saunderstown	State RI	Zip 02874	City	State	Zip
Director Name None			Director Name None		
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/SLRILS	PAR VALUE
		100		Common	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. 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 Laflamme				Date 1/31/25	
Signature of Authorized Representative 					