



State of Rhode Island

## Department of State - Business Services Division

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.

FIELD

FEB 11 2025 STAMP  
BY 1403

1. Entity 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		CLASS/SHARES	
		NUMBER OF SHARES		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. <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 Michael Laflamme				Date 1/31/25	
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021