

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

→ 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	2. Exact name of the Limited Liability Company			
000799595	Lambert De	37.42		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
236115				
5. State of Formation	1			
Rt	Construction	y Consultant		
6. Principal Office Address		City	State	Zip
122 CREVISTONE TER		City Pertanuth	RI	02871
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Walt Lambert		City State Zip		
Street Address		1 = ", , , , , , , , , , , , , , , , , ,	State	Zip
122 Consustar	LE TER	Pontsmouth	RI	02871
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642				
9. 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 Person			Date	
Walt Lambiert			2/11/25	
Signature of Authorized Person				
1,9-1				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov