



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.

REC'D RIDGOS BSC
25 MAR 14 PM 12:07

| | | | | | |
|---|-------------|--|---------------------------------------|--|--|
| 1. Entry ID Number 000076281 | | 2. Exact name of the Corporation LONSDALE CONCRETE CONSTRUCTION, INC | | | |
| 3. Principal Office Address 201 Broad Street | | | City Cumberland | State RI | Zip 02864 |
| 4. NAICS Code 238110 | | 6. Brief description of the character of business conducted in Rhode Island Construction Work | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name Joseph Almeida | | | Vice-President Name None | | |
| Street Address 3947 Diamond Hill Road | | | Street Address | | |
| City Cumberland | State RI | Zip 02864 | City | State | Zip |
| Secretary Name Joseph Almeida | | | Treasurer Name Joseph Almeida | | |
| Street Address 3947 Diamond Hill Road | | | Street Address 3947 Diamond Hill Road | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name Joseph Almeida | | | Director Name None | | |
| Street Address 3947 Diamond Hill Road | | | Street Address | | |
| City Cumberland | State RI | Zip 02864 | 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/SLRIS | |
| | | 300 | | Common | |
| | | | | PAR VALUE | |
| | | | | 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 Joseph Almeida | | | | Date 2/25/25 | |
| 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

MAR 14 2025
BY 4182 AA