State of Rhode Island
Department of State - Business Services Division

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25 MAY 13 AM 9:53:12

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. Entity ID Number	2. Exact name of the Corporation
000072389	Barrington Lumber & Supplies, Inc.

3. Principal Office Address	City	State	Zip
65 Bay Spring Avenue	Barrington	RI	02806

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
444190	the sale of lumber and hardware supplies
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Kathleen A. Almeida	none
Street Address: 152 Lincoln Avenue	Street Address:
City: Barrington / State: RI / Zip: 02806	City: / State: / Zip:
Secretary Name: Kathleen A. Almeida	**Treasurer Name:** Kathleen A. Almeida
Street Address: 152 Lincoln Avenue	Street Address: 152 Lincoln Avenue
City: Barrington / State: RI / Zip: 02806	City: Barrington / State: RI / Zip: 02806

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Kathleen A. Almeida	Kathleen Almeida
Street Address: 152 Lincoln Avenue	Street Address: 152 Lincoln Avenue
City: Barrington / State: RI / Zip: 02806	City: Barrington / State: RI / Zip: 02806
Director Name:	Director Name:
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No par

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: ✓ Kathleen A Almeida — Date: 4/3/25

Signature of Authorized Representative: Kathleen A Almeida

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

MAY 13 2025
BY 9753

FORM 630- Revised 12/2023