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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.

1. Entity ID Number	2. Exact name of the Corporation
24362	LONSDALE CONCRETE FLOORS, INC

3. Principal Office Address	City	State	Zip
201 Broad Street	Cumberland	RI	02864

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238110	Construction Work
5. State of Incorporation: RI	

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

President Name	Vice-President Name
Joseph Almeida	None
Street Address: 3947 Diamond Hill Road	Street Address:
City: Cumberland, State: RI, Zip: 02864	City: , State: , Zip:
Secretary Name	**Treasurer Name**
Joseph Almeida	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 ☐

Director Name	Director Name
Joseph Almeida	None
Street Address: 3947 Diamond Hill Road	Street Address:
City: Cumberland, State: RI, Zip: 02864	City: , State: , Zip:
Director Name	**Director Name**
None	None
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	Common	No par value
Changes require an additional filing.			

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	Date
Joseph Almeida	2/25/25
Signature of Authorized Representative	

FILED
MAR 14 2025
BY 1250 AM.

~~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 12/2023