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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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		
001743020	Lohr Construction Company Inc.		
3. Principal Office Address	**City**	**State**	**Zip**
80 Forest Hills Drive	South Dennis	MA	02660
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
236220	General Building Construction		
5. State of Incorporation			
MA			

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

President Name	Vice-President Name
A. Craig Lohr	Waylon C. Lohr
Street Address: 80 Forest Hills Drive	Street Address: 24 Route 137
City: South Dennis, State: MA, Zip: 02660	City: Harwich, State: MA, Zip: 02645
Secretary Name	**Treasurer Name**
Natalia Lohr	A. Craig Lohr
Street Address: 80 Forest Hills Drive	Street Address: 80 Forest Hills Drive
City: South Dennis, State: MA, Zip: 02660	City: South Dennis, State: MA, Zip: 02660

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

Director Name	Director Name
A. Craig Lohr	Waylon C. Lohr
Street Address: 80 Forest Hills Drive	Street Address: 24 Route 137
City: South Dennis, State: MA, Zip: 02660	City: Harwich, State: MA, Zip: 02645
Director Name: Natalia Lohr	Director Name: None
Street Address: 80 Forest Hills Drive	Street Address: None
City: South Dennis, State: MA, Zip: 02660	City: None, State: None, Zip: None

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
4000	CNP	no Par
100	PNP	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	Date
Waylon Lohr	06/26/25

Signature of Authorized Representative: [signature]

FILED 10:45A
JUN 30 2025
BY SKXE8

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