



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

STAMP

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023
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 DEPT OF STATE
 BUSINESS SERVICES DIVISION

| | | | | | |
|---|--------------------|---|--|--------------------------|--|
| 1. Entity ID Number 134883 | | 2. Exact name of the Corporation P.K. Lamb Properties, Inc. | | | |
| 3. Principal Office Address 23 Bay State Road | | | City Rehoboth | State MA | Zip 02769 |
| 4. NAICS Code 531312 | | 6. Brief description of the character of business conducted in Rhode Island To hold, rent, invest in and otherwise deal in real estate. | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name Michael W. McAllister | | | Vice-President Name | | |
| Street Address 23 Bay State Road | | | Street Address | | |
| City Rehoboth | State MA | Zip 02769 | City | State | Zip |
| Secretary Name Michael W. McAllister | | | Treasurer Name Michael W. McAllister | | |
| Street Address 23 Bay State Road | | | Street Address 23 Bay State Road | | |
| City Rehoboth | State MA | Zip 02769 | City Rehoboth | State MA | Zip 02769 |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| | | 100 Common Shares with 0.01 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. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Representative Michael W. McAllister | | | | Date 12 FEB 23 | |
| Signature of Authorized Representative <i>[Signature]</i> | | | | FILED | |

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 BY ML IZSCH