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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
122956	Louro Property Management, LTD			
3. Street Address Principal Business Office		City	State	Zip
434 Child Street		Warren	RI	02885
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 640-9402	Rhode Island			

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF OWNING AND MANAGING RENTAL PROPERTY

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Ronald J. Louro			Ronald A. Louro		
Street Address			Street Address		
P.O. Box 56			49 King Philip Avenue		
City	State	Zip	City	State	Zip
Warren	RI	02885	Bristol	RI	02809
Secretary Name			**Treasurer Name**		
Ronald J. Louro			Ronald J. Louro		
Street Address			Street Address		
P.O. Box 56			P.O. Box 56		
City	State	Zip	City	State	Zip
Warren	RI	02885	Warren	RI	02885

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Ronald J. Louro			None		
Street Address			Street Address		
P.O. Box 56					
City	State	Zip	City	State	Zip
Warren	RI	02885			
Director Name			**Director Name**		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
2,000	Common	No Par Value	500	Common	No Par

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 1 2 2 9 5 6 [redacted]

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.

Signature of Officer *Date* 1/17/08

Ronald J. Louro
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

File Date FILED
Check No. JAN 28 2008
By: By 05-14068
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