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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

*** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation		
45477	LAUREANNO DEVELOPMENT CORPORATION		
3. Street Address Principal Business Office	City	State	Zip
3028 EAST MAIN ROAD	PORTSMOUTH	RI	02871
4. Business Phone No.	5. State of Incorporation		
401-835-1150	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
REAL ESTATE DEVELOPMENT AND CONSTRUCTION

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

President Name			Vice President Name		
MANUEL LAUREANNO			MANUEL LAUREANNO		
Street Address			Street Address		
3028 EAST MAIN ROAD			3028 EAST MAIN ROAD		
City	State	Zip	City	State	Zip
PORTSMOUTH	RI	02871	PORTSMOUTH	RI	02871
Secretary Name			Treasurer Name		
MANUEL LAUREANNO			MANUEL LAUREANNO		
Street Address			Street Address		
3028 EAST MAIN ROAD			3028 EAST MAIN ROAD		
City	State	Zip	City	State	Zip
PORTSMOUTH	RI	02871	PORTSMOUTH	RI	02871

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

Director Name			Director Name		
-NONE-			-NONE-		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
-NONE-			-NONE-		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500	COMMON	NO PAR

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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.

Signature *Date* 9-22-08

Manuel Laureanno
Print or Type Name

President
Title

File Date	FILED
Check No.	SEP 23 2008
By:	By 11868

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Form 630 Rev. 12/06