

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 2009

401.222.30

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(e&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 55825	2. Name of Corporation CENTURY 21, LAWRENCE ASSOC., INC.				
3. Street Address Principal Business Office 640 THAMES STREET			NEWPORT	State RHODE ISLAND	Zip 02840
4. Business Phone No. 5. State of Incorporation RHODE ISLAND			•		
6. Brief Description of the Character of REALTORS	f Business Conducted in Ri	bode Island			
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA		ACES BEFORE USING ATT	ACHMENTS
DAVID LAWRENCE			Vice President Name NONE		
Street Address 75 BEAGLE DRIVE			Street Address		
City MIDDLETOWN	State RI	<i>Zip</i> 02842	СПу	State	Zip
Secretary Name DAVID LAWRENCE			Treasurer Name DAVID LAWRENCE		
Street Address 75 BEAGLE DRIVE			Street Address 75 BEAGLE DRIVE		
MIDDLETOWN	State RI	^{Zip} 02842	Gity MIDDLETOWN	State RI	^{Zip} 02842
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Сііу	State	Zip
9. SHARES AUTHORIZED			: 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100		NO PAR
This report must be executed of	on behalf of the corpo	oration by an authorized	d representative. If the corp	poration is in the hands of	a receiver or trustee,
this report must be executed o	n benair of the corpo	ration by the receiver of	or trustee.		
			Under penalty of perjuincluding any comme	ury, I declare and affirm that I	have examined this report.
File Date 2-19	-09		including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
Check No	8		Signature	The second secon	Date
By:MNC			Print or Type Name		
FOR SECRETARY OF STAT	E USE ONLY		Title Print dient		