

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 \_\_\_\_\_20

2009

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 late (R.I.G.L. 7-1.2-1501(e&d)) is

subject to a penalty fee of \$25.00.  1. Corporate ID No.	2. Name of Corporation				
80031	Lavigne Realty	Company, Inc.			
3. Street Address Principal Business Office Summit East-Suite 330, 300 Centerville Road			City Warwick	State RI	<sup>Zip</sup> 02886
		5. State of Incorporation Rhode Island	on		
6. Brief Description of the Chanicte. BUYING, SELLING AND F					
7. NAMES AND ADDRESSE	S OF THE OFFICERS	: ("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS
President Name  David T. Lavigne			Vice President Name Daniel W. Lavigne		
Street Address 15 Western Industrial Drive			15 Western Industrial Drive		
cuy Cranston	State RI	<sup>ℤϣ</sup> 02921	Cranston	State RI	<sup>Zip</sup> 02921
Secretary Name Gerald E. Lavigne			Treasurer Name Daniel W. Lavigne		
Street Address 15 Western Industrial Drive			Street Address 15 Western Industrial Drive		
Cin Cranston	State RI	<sup>2ip</sup> 02921	Chy Cranston	State RI	<sup>Zip</sup> 02921
8. NAMES AND ADDRESSE	S OF THE DIRECTOR	RS: ("X" BOX FOR AT	TACHMENT) 🗍 FILL I	IN SPACES BEFORE USING	
Director Name			Director Name		3E C 2009
Gerald E. Lavigne Street Address			1 20 1 1 1 2 1		
same			same B		
СИУ	State	Zip	City	State	BY 3000
Director Name David T. Lavigne			Director Name		
Street Address Same			Street Address 5		
City	State	Zip	City	State	Zip S.S.
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This information is no reactly of several in the Office of the Community			Number of Shares	Class/Series	Far Value
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.			300	COMMON	NO PAR
This report must be execute	ed on behalf of the cor	poration by an authoriz	ed representative. If the	corporation is in the hands	s of a receiver or trustee
this report must be executed					
				f perjury, I declare and affirm t	
		¬		companying schedules and sta	tements, and that all stater
File Date Cili Con			contained agrein	are true and correct.	8-30-09.
File Date <b>FILED</b>			Signature	·· + <i>}</i>	Date
Check FEB 2 6 2009			David T. I	Lavigne Lavigne	
1/7/			Print or Type Nat	ne	
By FOR SECRETARY OF S	STATE USE ONLY		Presiden	t	
POR SECRETARI OF S	, , , , L COL OILL		Title		E (20 B (20)