



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 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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. 125969	2. Name of Corporation LASERWORKS OF RI, INC		
3. Street Address Principal Business Office PO BOX 427	City WOONSOCKET	State RI	Zip 02895
4. Business Phone No. 401-762-9777	5. State of Incorporation RHODE ISLAND		

5. Brief Description of the Character of Business Conducted in Rhode Island
Laser engraving of fabricated metal parts for wholesale and by contract

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

President Name RONALD JENNESS			Vice President Name HEATHER JENNESS		
Street Address 135 ALDRICH ST			Street Address 135 ALDRICH ST		
City UXBRIDGE	State MA	Zip 01569	City UXBRIDGE	State MA	Zip 01569
Secretary Name HEATHER JENNESS			Treasurer Name RONALD JENNESS		
Street Address 135 ALDRICH ST			Street Address 135 ALDRICH ST		
City UXBRIDGE	State MA	Zip 01569	City UXBRIDGE	State MA	Zip 01569

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

Director Name RONALD JENNESS			Director Name HEATHER JENNESS		
Street Address 135 ALDRICH ST			Street Address 135 ALDRICH ST		
City UXBRIDGE	State MA	Zip 01569	City UXBRIDGE	State MA	Zip 01569
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION **MUST** BE COMPLETED

Number of Shares	Class/Series	Par Value
200	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.

File Date **FILED**

Check No. **FEB 26 2010**

By: **1642**

FOR SECRETARY OF STATE USE ONLY

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.

Ronald Jenness 2/23/10
Signature Date

Ronald Jenness
Print or Type Name

President
Title