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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 2011

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
43546	LOR-SHER, INC.

3. Street Address Principal Business Office	City	State	Zip
41 Shepard Avenue, Providence, RI 02904			

4. Business Phone No.	5. State of Incorporation
(401) 724-1786	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Dealing in real property

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

President Name	Vice President Name
Salvatore Compagnone	Salvatore Compagnone, Jr.
Street Address: 41 Shepard Avenue	Street Address: 60 Leo Avenue
City: Providence, RI 02904 State: Zip:	City: Providence, RI 02904 State: Zip:
Secretary Name: Mary Compagnone	Treasurer Name: Salvatore Compagnone
Street Address: 41 Shepard Avenue	Street Address: 41 Shepard Avenue
City: Providence, RI 02904 State: Zip:	City: Providence, RI 02904 State: Zip:

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

Director Name	Director Name
Salvatore Compagnone	
Street Address: 41 Shepard Avenue	Street Address:
City: Providence, RI 02904 State: Zip:	City: State: Zip:
Director Name: Mary Compagnone	Director Name:
Street Address: 41 Shepard Avenue	Street Address:
City: Providence, RI 02904 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 Value

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.

[redacted] [redacted]

FILED
File Date FEB 24 2011
Check No. By MNC
By: 6694
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.

Salvatore Compagnone — 2/11/2011
Signature Salvatore Compagnone *Date*

Print or Type Name

[redacted] President
Title

59481-15-603218

Form 630 Rev. 08/08