



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 2012

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. 18462		2. Name of Corporation LAWRENCE AIR SYSTEMS, INC.			
3. Street Address Principal Business Office 153 GEORGE STREET			City BARRINGTON	State Rhode Island	Zip 02806
4. Business Phone No. 401-438-85825		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island REFRIGERATION, HEAT AND AIR CONDITIONING DESIGN, INSTALLATION AND REPAIR					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN BRIAN LAWRENCE			Vice President Name JASON T. LAWRENCE		
Street Address 7 GLENFIELD ROAD			Street Address 7 RICHARD STREET		
City BARRINGTON	State Rhode Island	Zip 02806	City BARRINGTON	State Rhode Island	Zip 02806
Secretary Name JASON T. LAWRENCE			Treasurer Name AARON J. LAWRENCE		
Street Address 7 RICHARD STREET			Street Address 37 LAPRE ROAD		
City Barrington	State Rhode Island	Zip 02806	City North Smithfield	State Rhode Island	Zip 02896
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOHN BRIAN LAWRENCE			Director Name AARON J. LAWRENCE		
Street Address 7 GLENFIELD ROAD			Street Address 37 LAPRE ROAD		
City BARRINGTON	State Rhode Island	Zip 02806	City North Smithfield	State Rhode Island	Zip 02896
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 600	Class/Series COMMON	Par Value 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.

FILED	
File Date	JAN 13 2012
Check No.	128
By	<i>[Signature]</i>
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.

[Signature] 1/10/2012
Signature Date
JOHN BRIAN LAWRENCE
Print or Type Name
President
Title