

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 20/2
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- subject to a penalty fee of \$25.00.	1501(e), each corporation	failing or refusing to file its ann	nual report within thirty (30) days aft	er the time prescribed by law ((R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 17910 2. Name of Corporation LAVES INC.					
3. Street Address Principal Business (Office	Ord - AN	City	State	Zip
7565 Pa	st Road		No. Kingstown	PT	02852
4. Business Phone No. 5. State of Incorporation 7. 1.			,		
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES	DOWLING L OF THE OFFICERS	PA NES : ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	ES BEFORE USING A	TTACHMENTS
President Name CONSTANCE T. Lischio			Thomas A. Lischia		
Street Address			Street Address		
151 PINECUEST Dr.			205 Heritage Rd		
N. Kingstown	ドエ	Zip 0283-2	N. Kingstown	, State RI	2ip 02853
KAThryN Lischio			CONSTANCE T. LISCHIO		
Street Address Heritage Rd			Street Address		
No. Kingstown	State DT	Zip	151 FINECT		Zip
, , ,	OF THE DIRECTOR	Zip 0285 Z	No. Kingstaux	•	02813
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SPA Director Name	ACES BEFORE USING	ATTACHMENTS
Street Address			Street Address		
			Street Address		
City [,]	State	Zip	City	State	Zip
Director Name			Director Name	l	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED, 500 COMMON NO Par			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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.			1SSUED SHARES — THIS SECTION Number of Shares	Class/Series	Par Value
			100	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.					
	•				
Under penalty of perjury, I declare and affirm that I have examined this reincluding any accompanying schedules and statements, and that all statem					
FILED contained herein are true and correct.					
Check No. JAN 3 0 2012 Signature Signature					1/26/2012 Ddte
Check No. JAN 3 U 2012 CONSTANCE T. LISCHIO					
By:		Print or Type Name			
FOR SECRETARY OF STATE USE ONLY Title					
		-	- **		Form 630 Rev 08/08