



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 90173		2. Exact name of the Corporation LAPRISE CONSTRUCTION, INC			
3. Principal office address 151 FOSTER CENTER ROAD			City FOSTER	State RI	Zip 02825
4. Business Phone No. 401-345-1105			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island TO ENGAGEIN GENERAL CONTRACTING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOHN LAPRISE			Vice-President Name JEFFREY LAPRISE		
Street Address 151 FOSTER CENTER ROAD			Street Address 183 SHIPPEE SCHOOL HOUSE ROAD		
City FOSTER	State RI	Zip 02825	City KILLINGLY	State CT	Zip 06239
Secretary Name JEFFREY LAPRISE			Treasurer Name JOHN LAPRISE		
Street Address 183 SHIPPEE SCHOOL HOUSE ROAD			Street Address 151 FOSTER CENTER ROAD		
City KILLINGLY	State CT	Zip 06239	City FOSTER	State RI	Zip 02825
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name SAME AS ABOVE			Director Name SAME AS ABOVE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	CNP	NO PAR

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 SECRETARY OF STATE
 CORPORATIONS DIV
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 02825

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 _____

MAR 12 2012

By: _____

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.

John Laprise
 Signature of Authorized Representative
 Date 3/9/12

FOR SECRETARY OF STATE USE ONLY

02166027

JOHN LAPRISE PRESIDENT

Print or Type Name of Authorized Representative