



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2011**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No 000151293		2. Exact name of the limited liability company LaurieSmith, LLC.			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. Principal office address 30 Starline Drive, Unit A		City Cranston	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Duane M. Laurie, Jr.		Contact Title Manager			
Street Address 30 Starline Drive, Unit A		City Cranston	State RI	Zip 02920	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Duane M. Laurie, Jr.		Manager Name			
Street Address		Street Address			
City RI		City	State	Zip	
Manager Name		Manager Name			
Street Address		Street Address			
City		City	State	Zip	
2012 MAY 21 PM 3:08 DEPARTMENT OF STATE CORPORATIONS DIV					
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

MAY 21 2012

By Maggie

File Date _____

Check No _____

By: _____

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.

Duane M. Laurie, Jr.
Signature of Authorized Person

5/17/12
Date

Duane M. Laurie, Jr.

Print or Type Name of Authorized Person