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) ☐			
Manager Name [illegible]	Manager Name		
Street Address [illegible]	Street Address		
City [illegible] RI Zip	City	State	Zip
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City	State	Zip
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.			

2012 MAY 21 PM 3:08
SECRETARY OF STATE
CORPORATIONS DIV

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MAY 21 2012
By 170994 DS

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.

Signature of Authorized Person — Date 5/17/12

Duane M. Laurie, Jr.
Print or Type Name of Authorized Person