



**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 **2012**

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. <b>000151293</b>		2. Exact name of the limited liability company <b>LaurieSmith, LLC.</b>	
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real Estate</b>	
5. Principal office address <b>30 Starline Drive, Unit A</b>		City <b>Cranston</b>	State <b>Ri</b>
		Zip <b>02920</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>			
Contact Name <b>Duane M. Laurie, Jr.</b>		Contact Title <b>Manager</b>	
Street Address <b>30 Starline Drive, Unit A</b>		City <b>Cranston</b>	State <b>Ri</b>
		Zip <b>02920</b>	
<b>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"/></b>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

**FILED**

**SEP 21 2012**

BY 179452

*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.

*Duane M. Laurie, Jr.*

Signature of Authorized Person

Date

**Duane M. Laurie, Jr.**

Print or Type Name of Authorized Person