

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 2013

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.	2 Exact name o	f the limited liability				
790559		2. Exact name of the limited liability company Lawrence Capital Group, LLC				
3. State of Formation	'	Brief description of the character of business conducted in Rhode Island Real estate				
Massachusetts	Near estate					
5. Principal office address			City	State MA	Zip 01845	
231 Sutton Street, Sui		OMPANY ASID MAS	North Andover		U1043	
o, MAILING ADDRESS OF LI	MITED CIABILITY C	OMPANT AND NAM	Contact Title	NOON.	· · · · · · · · · · · · · · · · · · ·	
Mary Witham			Bookkeeper			
Street Address 231 Sutton Street, Suite 1B			North Andover	State MA	Zip 01845	
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME		SSES) OF THE LIMI	ITED LIABILITY COMPANY, IF	APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name Louis P. Minicucci, Jr.			Manager Name			
Street Address 231 Sutton Street, Suite 1B			Street Address			
City North Andover	State MA	Zip 01845	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHO			· · · · · · · · · · · · · · · · · · ·		N 785	
This information is currently	of record in the Of	fice of the Secretar	y of State. Changes require fil	ing Form 642.		
FILE	:n				SEP 10	
SEP 1 0 BY UN 20	2013				ONS DIV	
ВҮ			Under penalty of periu	Ty L declare and aff	Sign that I have examined	
File Date		((this report, including a and that all statements	ny accompanying sontained herein	icm that I have examined schedules and statements are true and correct.	
By:			Signature of Authorized		Date 8/27/	
FOR SECRETARY OF STATE USE ONLY			Louis P. Minicucc			
FUR SECHETARY OF STAT	E USE UNLT		Print or Type Name of A	uthorized Person		
				1		

Form No. 632 Revised: 01/2012