



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 119215		2. Exact name of the limited liability company Laservall North America, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Sales and service of laser equipment.			
5. Principal office address 136 Newell Avenue		City Pawtucket	State RI	Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY					
Contact Name Daniel R. Gold		Contact Title Manager			
Street Address 136 Newell Avenue		City Pawtucket	State RI	Zip 02860	
7. NAME AND ADDRESS OF MANAGER OR MANAGERS (DO NOT LIST MEMBERS)					
Manager Name Daniel R. Gold		Manager Name			
Street Address 136 Newell Avenue		Street Address			
City Pawtucket	State RI	Zip 02860	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT GENERAL IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	
Check No.	
By	
FOR SECRETARY OF STATE	

FILED

SEP 16 2013

1775

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 *[Signature]* Date *9/6/13*

Daniel R. Gold, Manager

Print or Type Name of Authorized Person