

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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## 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. 000151293                             |                    | 2. Exact name of the limited liability company  LaurieSmith, LLC            |                                 |                           |                     |  |  |  |  |  |
|--|--------------------|---|---------------------------------|---------------------------|---------------------|--|--|--|--|--|
| 3. State of Formation                                  | 4. Brief desc      | 4. Brief description of the character of business conducted in Rhode Island |                                 |                           |                     |  |  |  |  |  |
| Rhode Island   | Real Est           | Real Estate   |                                 |                           |                     |  |  |  |  |  |
| 5. Principal office address 30 Starline Drive, Unit A  |                    |   | City<br>Cranston                | State<br><b>RI</b>        | Zip<br><b>02920</b> |  |  |  |  |  |
| 6. MAILING ADDRESS OF L                                | IMITED LIABILIT    | Y 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<br>Cranston                | State<br>Ri               | Zip<br><b>02920</b> |  |  |  |  |  |
| 7. LIST <u>ALL</u> MANAGERS (N<br>("X" BOX FOR ATTACHM |                    | RESSES) OF THE  | LIMITED LIABILITY COMPANY,      | IF APPLICABLE - <u>DO</u> | NOT LIST MEMBERS    |  |  |  |  |  |
| Manager Name   |                    |   | Manager Name                    |                           |                     |  |  |  |  |  |
| Street Address   |                    |   | Street Address                  |                           |                     |  |  |  |  |  |
| City   | State              | Zip   | City                            | State                     | <b>建</b> 0页         |  |  |  |  |  |
| Manager Name   |                    |   | Manager Name                    | Manager Name              |                     |  |  |  |  |  |
| Street Address   |                    |   | Street Address                  | <b>1</b> 32               |                     |  |  |  |  |  |
| City   | State              | Zip   | City                            | State                     | <b>本</b> 55.7       |  |  |  |  |  |
| 8. RESIDENT AGENT IN RH                                |                    | <u> </u>  |                                 |                           |                     |  |  |  |  |  |
| This information is currently                          | v of record in the | Office of the Sec   | etary of State. Changes require | filing Form 642           | ωπ                  |  |  |  |  |  |

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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.

Date

Duane M. Laurie, Jr.

Signature of Authorized Person

Print or Type Name of Authorized Person