



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|                                                                                                                                                               |                    |                                                                 |                                                                     |                     |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------|---------------------------------------------------------------------|---------------------|---------------------|
| 1. Entity ID No.<br><b>000790220</b>                                                                                                                          |                    | 2. Exact name of the Corporation<br><b>LA ENTERPRISES, INC.</b> |                                                                     |                     |                     |
| 3. Principal office address<br><b>7 JENNIFER LANE</b>                                                                                                         |                    | City<br><b>JOHNSTON</b>                                         | State<br><b>RI</b>                                                  | Zip<br><b>02919</b> |                     |
| 4. Business Phone No.                                                                                                                                         |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>                |                                                                     |                     |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>LIQUOR STORE</b>                                                            |                    |                                                                 |                                                                     |                     |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                  |                    |                                                                 |                                                                     |                     |                     |
| President Name                                                                                                                                                |                    |                                                                 | Vice-President Name                                                 |                     |                     |
| Street Address<br><b>7 JENNIFER LANE</b>                                                                                                                      |                    |                                                                 | Street Address<br><b>7 JENNIFER LANE</b>                            |                     |                     |
| City<br><b>JOHNSTON</b>                                                                                                                                       | State<br><b>RI</b> | Zip<br><b>02919</b>                                             | City<br><b>JOHNSTON</b>                                             | State<br><b>RI</b>  | Zip<br><b>02919</b> |
| Secretary Name                                                                                                                                                |                    |                                                                 | Treasurer Name                                                      |                     |                     |
| Street Address<br><b>7 JENNIFER LANE</b>                                                                                                                      |                    |                                                                 | Street Address<br><b>7 JENNIFER LANE</b>                            |                     |                     |
| City<br><b>JOHNSTON</b>                                                                                                                                       | State<br><b>RI</b> | Zip<br><b>02919</b>                                             | City<br><b>JOHNSTON</b>                                             | State<br><b>RI</b>  | Zip<br><b>0299</b>  |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                 |                    |                                                                 |                                                                     |                     |                     |
| Director Name                                                                                                                                                 |                    |                                                                 | Director Name                                                       |                     |                     |
| Street Address                                                                                                                                                |                    |                                                                 | Street Address                                                      |                     |                     |
| City                                                                                                                                                          | State              | Zip                                                             | City                                                                | State               | Zip                 |
| Director Name                                                                                                                                                 |                    |                                                                 | Director Name                                                       |                     |                     |
| Street Address                                                                                                                                                |                    |                                                                 | Street Address                                                      |                     |                     |
| City                                                                                                                                                          | State              | Zip                                                             | City                                                                | State               | Zip                 |
| 9. SHARES AUTHORIZED                                                                                                                                          |                    |                                                                 | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                     |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.<br>See Section 9 of instruction sheet. |                    |                                                                 | NUMBER OF SHARES                                                    | CLASS/SERIES        | PAR VALUE           |
|                                                                                                                                                               |                    |                                                                 | 1000                                                                | COMMON              | .01                 |
|                                                                                                                                                               |                    |                                                                 |                                                                     |                     |                     |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_

**FILED**  
**FEB 10 2014**

Check No. \_\_\_\_\_

By: \_\_\_\_\_

**BY 4384**

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.

*Steven Larco*  
Signature of Authorized Representative

Date

**Steven Larco**  
Print or Type Name of Authorized Representative

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