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subject to a penalty fee of \$25.00.

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2015

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. * In accordance with R.I.G.L. 7-1,2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is

1. Corporate ID No. 2. Name of Corporation LAFF, INC. 98163 3. Street Address Principal Business Office 201 FOREST AVENUE Ζip City MIDDLETOWN 02842 RΙ 5. State of Incorporation 4 Business Phone No RHODE ISLAND (401) 846-5114 6. Brief Description of the Character of Business Conducted in Rhode Island To engage in the real estate business 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name NONE CHARLOTTE A. YEOMANS Street Address Street Address 201 FOREST AVENUE NONE Citv 02842 **MIDDLETOWN** RI NONE NONE NONE Secretary Name PATRICIA SARGENT PATRICIA SARGENT Street Address Street Address 201 FOREST AVENUE 201 FOREST AVENUE City Ζip 02842 **MIDDLETOWN** RI 02842 MIDDLETOWN RI ACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name Director Name PATRICIA SARGENT **CHARLOTTE A. YEOMANS** Street Address Street Address 201 FOREST AVENUE 201 FOREST AVENUE State State Zip Zip City MIDDLETOWN RI 02842 02842 MIDDLETOWN RI Director Name Director Name NONE ROBERT M. SABEL Street Address Street Address NONE 201 FOREST AVENUE City State State NONE 02842 NONE NONE **MIDDLETOWN** RI 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ISSUED SHARES — THIS SECTION MUST BE COMPLETED Par Value Number of Shares This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of COMMON \$1.00 100 instruction sheet. 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. 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. FEB 0 2 2015 File Date Signature BY Check No. _ ROBERT M. SABE Print or Type Name **TREASURER**

Title