



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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2015**

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. 790559		2. Exact name of the limited liability company Lawrence Capital Group, LLC			
3. State of Formation Massachusetts		4. Brief description of the character of business conducted in Rhode Island Real estate			
5. Principal office address 231 Sutton Street, Suite 1B		City North Andover		State MA	Zip 01845
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Mary Witham		Contact Title Bookkeeper			
Street Address 231 Sutton Street, Suite 1B		City North Andover		State MA	Zip 01845
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Louis P. Minicucci, Jr.		Manager Name Leonard J. Thomas			
Street Address 231 Sutton Street, Suite 1B		Street Address 231 Sutton Street, Suite 1B			
City North Andover	State MA	Zip 01845	City North Andover	State MA	Zip 01845
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

DEC 10 2015

BY KL 1697

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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

Date

Louis P. Minicucci, Jr. *Lawrence J. Marzocco Jr.*
Print or Type Name of Authorized Person *Manager*