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Office of the Secretary of State
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 2016

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.	2. Exact name of the Corporation
122956	LOURO PROPERTY MANAGEMENT, LTD.

3. Principal office address	City	State	Zip
434 Child Street	Warren	RI	02885

4. Business Phone No.	5. State of Incorporation
(401) 640-9402	Rhode Island

6. Brief description of the character of business conducted in Rhode Island

To engage in the business of owning and managing rental property

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Ronald J. Louro	P.O. Box 56	Warren	RI	02885

Vice-President Name	Street Address	City	State	Zip
Ronald A. Louro	53 Opechee Drive	Bristol	RI	02809

Secretary Name	Street Address	City	State	Zip
Ronald J. Louro	P.O. Box 56	Warren	RI	02885

Treasurer Name	Street Address	City	State	Zip
Ronald J. Louro	P.O. Box 56	Warren	RI	02885

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Ronald J. Louro	P.O. Box 56	Warren	RI	02885
None				
None				

Director Name	Street Address	City	State	Zip
None				
None				

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.	500	Common	No Par

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 _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 06 2016
BY VCL18715

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 Representative — Date 12/30/15

Ronald J. Louro
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
130747-21-1063363