



**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 2015**

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. <b>18462</b>		2. Exact name of the Corporation <b>Lawrence Air Systems Inc.</b>			
3. Principal office address <b>153 George Street</b>			City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
4. Business Phone No. <b>401-438-8525</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>REFRIGERATION, HEAT AND AIR CONDITIONING INSTALLATION AND REPAIR</b>					
<b>7. LIST ALL OFFICERS, NAMES AND ADDRESSES TO BE FOR ATTACHMENT</b>					
President Name <b>John Brian Lawrence</b>			Vice-President Name <b>Aaron J. Lawrence</b>		
Street Address <b>10 Evergreen Street</b>			Street Address <b>37 Lapra Road</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>
Secretary Name <b>Jason T. Lawrence</b>			Treasurer Name <b>Jason T. Lawrence</b>		
Street Address <b>153 George Street</b>			Street Address <b>153 George Street</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
<b>8. LIST ALL DIRECTORS, NAMES AND ADDRESSES TO BE FOR ATTACHMENT</b>					
Director Name <b>John Brian Lawrence</b>			Director Name		
Street Address <b>10 Evergreen Street</b>			Street Address		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED (SEE BOX FOR ATTACHMENT)</b>		
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.			NUMBER OF SHARES	CLASS/PAR	PAR VALUE
			600	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

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.

*John Brian Lawrence*  
 Signature of Authorized Representative Date  
**John Brian Lawrence, President**  
 Print or Type Name of Authorized Representative

**FILED**

JAN 15 2016

BY *CA* 265388  
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 SECRETARY OF STATE  
 CORPORATIONS DIV  
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