



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
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