



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 **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. <b>90011</b>		2. Exact name of the Corporation <b>LaCroix Realty, Inc.</b>						
3. Principal office address <b>34 Hamlet Avenue</b>		City <b>Woonsocket</b>		State <b>RI</b>	Zip <b>02895</b>			
4. Business Phone No. <b>401-765-0200</b>		5. State of Incorporation <b>Rhode Island</b>						
6. Brief description of the character of business conducted in Rhode Island <b>To hold, own and manage real estate</b>								
<b>OFFICERS (NAMES AND ADDRESSES) (X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>								
President Name <b>Mathew LaCroix</b>			Vice-President Name <b>Vivian LaCroix</b>					
Street Address <b>28 Mendon Road</b>			Street Address <b>28 Mendon Road</b>					
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>			
Secretary Name <b>Mathew LaCroix</b>			Treasurer Name <b>Vivian LaCroix</b>					
Street Address <b>28 Mendon Road</b>			Street Address <b>28 Mendon Road</b>					
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>			
<b>LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>								
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
<b>7. SHARES AUTHORIZED</b>								
<b>10. SHARES ISSUED (X" BOX FOR ATTACHMENT) <input type="checkbox"/></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/SERIES	PAR VALUE
						1,000		no par value

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.



**FILED**

FEB 11 2016

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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

**Mathew LaCroix, President**

Print or Type Name of Authorized Representative