



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. 43546		2. Exact name of the Corporation LOR-SHER, INC.			
3. Principal office address 41 Shepard Avenue			City Providence	State RI	Zip 02904-0000
4. Business Phone No.			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island dealing in real property					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Salvatore Compagnone			Vice-President Name Salvatore Compagnone, Jr.		
Street Address 41 Shepard Avenue			Street Address 60 Leo Avenue		
City Providence	State RI	Zip 02904-	City Providence	State RI	Zip 02904-
Secretary Name Mary Compagnone			Treasurer Name Salvatore Compagnone		
Street Address 41 Shepard Avenue			Street Address 41 Shepard Avenue		
City Providence	State RI	Zip 02904-	City Providence	State RI	Zip 02904-
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Salvatore Compagnone			Director Name Mary Compagnone		
Street Address 41 Shepard Avenue			Street Address 41 Shepard Avenue		
City Providence	State RI	Zip 02904-	City N.Providence	State RI	Zip 02904-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			200	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

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.

Salvatore Compagnone Pres, 1/04/2016
 Signature of Authorized Representative Date

Salvatore Compagnone

Print or Type Name of Authorized Representative

President