



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>39727</b>		2. Exact name of the Corporation <b>LAIRES AND SON AUTO REPAIR, INC.</b>						
3. Principal office address <b>158 Waterman Avenue</b>		City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>				
4. Business Phone No. <b>401-434-0570</b>		5. State of Incorporation <b>Rhode Island</b>						
6. Brief description of the character of business conducted in Rhode Island <b>Conducting automotive repairs.</b>								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name <b>Antonio A. Laire</b>			Vice-President Name <b>Joseph P. Laire</b>					
Street Address <b>159 Waterman Avenue</b>			Street Address <b>159 Waterman Avenue</b>					
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>			
Secretary Name <b>Joseph P. Laire</b>			Treasurer Name <b>Antonio A. Laire</b>					
Street Address <b>159 Waterman Avenue</b>			Street Address <b>159 Waterman Avenue</b>					
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name <b>Antonio A. Laire</b>			Director Name <b>Joseph P. Laire</b>					
Street Address <b>159 Waterman Avenue</b>			Street Address <b>159 Waterman Avenue</b>					
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>			
Director Name <b>None</b>			Director Name <b>None</b>					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
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
						800	Common	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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 19 2016

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

Antonio A. Laire

Print or Type Name of Authorized Representative