



**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>							2016 FEB 19 PM 1:30 SECRETARY OF STATE CORPORATIONS DIV.
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 **4516**

By:

FOR SECRETARY OF STATE USE ONLY

**FILED**

FEB 19 2016

BY **0268070**

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.

*Antonio Laire*  
 Signature of Authorized Representative

**1-23-16**  
 Date

**Antonio A. Laire**

Print or Type Name of Authorized Representative