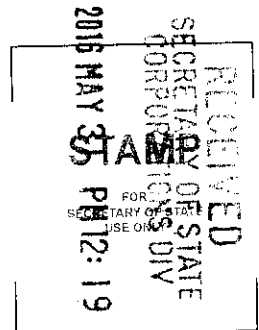




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number: <u>000139053</u>		2. Exact name of the Corporation: <u>L+S AUTOMOTIVE REPAIR, INC.</u>	
3. Principal Office Address: <u>5601 POST ROAD</u>		City: <u>EAST GREENWICH</u>	State: <u>RI</u> Zip: <u>02818</u>
4. Business Phone Number: <u>401-398-8222</u>		5. State of Incorporation: <u>RI</u>	
6. Brief description of the character of business conducted in Rhode Island: <u>GENERAL AUTOMOTIVE REPAIR + MAINTENANCE, INCLUDING PURCHASE + SALE OF REAL PROPERTY</u>			
7. List ALL officers (names and addresses) ☐ Check the box to indicate an attachment			
President Name: <u>LEONARD LAFLEUR</u>		Vice-President Name: <u>SANDRA LAFLEUR</u>	
Street Address: <u>264 SHADY VALLEY ROAD</u>		Street Address: <u>264 SHADY VALLEY ROAD</u>	
City: <u>COVENTRY</u>	State: <u>RI</u> Zip: <u>02816</u>	City: <u>COVENTRY</u>	State: <u>RI</u> Zip: <u>02816</u>
Secretary Name: <u>SANDRA LAFLEUR</u>		Treasurer Name: <u>LEONARD LAFLEUR</u>	
Street Address: <u>264 SHADY VALLEY ROAD</u>		Street Address: <u>264 SHADY VALLEY ROAD</u>	
City: <u>COVENTRY</u>	State: <u>RI</u> Zip: <u>02816</u>	City: <u>COVENTRY</u>	State: <u>RI</u> Zip: <u>02816</u>
8. List ALL directors (names and addresses) ☐ Check the box to indicate an attachment			
Director Name: <u>LEONARD LAFLEUR</u>		Director Name: <u>SANDRA LAFLEUR</u>	
Street Address: <u>264 SHADY VALLEY ROAD</u>		Street Address: <u>264 SHADY VALLEY ROAD</u>	
City: <u>COVENTRY</u>	State: <u>RI</u> Zip: <u>02816</u>	City: <u>COVENTRY</u>	State: <u>RI</u> Zip: <u>02816</u>
9. Shares Authorized: This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued: ☐ Check box to indicate an attachment	
		NUMBER OF SHARES: <u>1000</u>	CLASS/SERIES: <u>Common</u> PAR VALUE: <u>NP</u>
11. 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. 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.			
Name of Authorized Representative: <u>ROBERT N CHAMBERLAND</u>		Date: <u>5/26/16</u>	
Signature of Authorized Representative: <u>Robert N Chamberland</u>		SIGN DOCUMENT HERE	