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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

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Profit Corporation Annual Report for the year: 2015

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	2. Exact name of the Corporation		
000139053	L+S AUTOMOTIVE REPAIR, INC.		
3. Principal Office Address	**City**	**State**	**Zip**
5601 POST ROAD	EAST GREENWICH	RI	02818
4. Business Phone Number	**5. State of Incorporation**		
401-398-8222	RI		

6. Brief description of the character of business conducted in Rhode Island
GENERAL AUTOMOTIVE REPAIR + MAINTENANCE, INCLUDING PURCHASE + SALE OF REAL PROPERTY

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name			Vice-President Name		
LEONARD LAFLEUR			SANDRA LAFLEUR		
Street Address			Street Address		
264 SHADY VALLEY ROAD			264 SHADY VALLEY ROAD		
City	State	Zip	City	State	Zip
COVENTRY	RI	02816	COVENTRY	RI	02816
Secretary Name			Treasurer Name		
SANDRA LAFLEUR			LEONARD LAFLEUR		
Street Address			Street Address		
264 SHADY VALLEY ROAD			264 SHADY VALLEY ROAD		
City	State	Zip	City	State	Zip
COVENTRY	RI	02816	COVENTRY	RI	02816

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name			Director Name		
LEONARD LAFLEUR			SANDRA LAFLEUR		
Street Address			Street Address		
264 SHADY VALLEY ROAD			264 SHADY VALLEY ROAD		
City	State	Zip	City	State	Zip
COVENTRY	RI	02816	COVENTRY	RI	02816

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	CLASS/SERIES	PAR VALUE
1000	Common	NP

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	Date
ROBERT N CHAMBERLAND	5/26/16

Signature of Authorized Representative
Robert N Chamberland SIGN DOCUMENT HERE

12:24 **FILED**
JUN 06 2016
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Form No. 630
Revised: 2016

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