



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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 SECRETARY OF STATE
 CORPORATIONS DIV
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Profit Corporation Annual Report for the year: 2014

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 000139053		2. Exact name of the Corporation L+S AUTOMOTIVE REPAIR, INC.	
3. Principal Office Address 5601 POST ROAD		City EAST GREENWICH	State RI
4. Business Phone Number 401-398-8222		5. State of Incorporation 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) <input type="checkbox"/> Check the box to indicate an attachment			
President Name LEONARD LAFLEUR		Vice-President Name SANDRA LAFLEUR	
Street Address 264 SHADY VALLEY ROAD		Street Address 264 SHADY VALLEY ROAD	
City COVENTRY	State RI	Zip 02816	City COVENTRY
Secretary Name SANDRA LAFLEUR		Treasurer Name LEONARD LAFLEUR	
Street Address 264 SHADY VALLEY ROAD		Street Address 264 SHADY VALLEY ROAD	
City COVENTRY	State RI	Zip 02816	City COVENTRY
8. List All directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
Director Name LEONARD LAFLEUR		Director Name SANDRA LAFLEUR	
Street Address 264 SHADY VALLEY ROAD		Street Address 264 SHADY VALLEY ROAD	
City COVENTRY	State RI	Zip 02816	City COVENTRY
9. Shares Authorized		10. Shares Issued <input type="checkbox"/> Check box to indicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		1000	Common
		PAR VALUE	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 ROBERT N CHAMBERLAND		Date 5/26/16	
Signature of Authorized Representative <i>Robert N Chamberland</i>		SIGN DOCUMENT HERE	

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