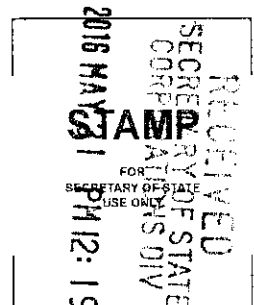




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 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 | Zip 02818 | |
| 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) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 | State RI | Zip 02816 |
| 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 | State RI | Zip 02816 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 | State RI | Zip 02816 |
| 9. Shares Authorized | | 10. Shares Issued Check box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | 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 ROBERT N CHAMBERLAND | | | | Date 5/26/16 | |
| Signature of Authorized Representative <i>Robert N Chamberland</i> SIGN DOCUMENT HERE | | | | | |

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BY *gpb* 276047