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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

Profit Corporation Annual Report for the year: 2013

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: 264 SHADY VALLEY ROAD	Street Address: 264 SHADY VALLEY ROAD
City: COVENTRY State: RI Zip: 02816	City: COVENTRY State: RI Zip: 02816
Secretary Name	**Treasurer Name**
SANDRA LAFLEUR	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 ☐

Director Name	Director Name
LEONARD LAFLEUR	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	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

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Revised: 2016

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