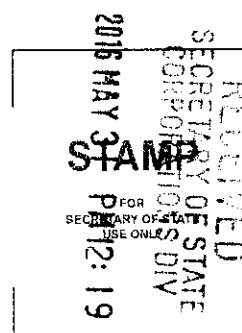




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 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					
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					
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			
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	

2016 JUN -6 PM 12:22
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CORPORATIONS DIV

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