



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

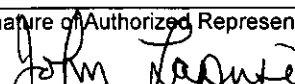
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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2015

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Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 90173		2. Exact name of the Corporation LAPRISE CONSTRUCTION, INC			
3. Principal Office Address 151 FOSTER CENTER ROAD			City FOSTER	State RI	Zip 02825
4. Business Phone Number 401-345-1105			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN GENERAL CONTRACTING					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JOHN LAPRISE			Vice-President Name JEFFREY LAPRISE		
Street Address 151 FOSTER CENTER ROAD			Street Address 183 SHIPPEE SCHOOL HOUSE ROAD		
City FOSTER	State RI	Zip 02825	City KILLINGLY	State CT	Zip 06239
Secretary Name JEFFREY LAPRISE			Treasurer Name JOHN LAPRISE		
Street Address 183 SHIPPEE SCHOOL HOUSE ROAD			Street Address 151 FOSTER CENTER ROAD		
City KILLINGLY	State CT	Zip 06239	City FOSTER	State RI	Zip 02825
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name JOHN LAPRISE			Director Name JEFFREY LAPRISE		
Street Address 151 FOSTER CENTER ROAD			Street Address 183 SHIPPEE SCHOOLHOUSE ROAD		
City FOSTER	State RI	Zip 02825	City KILLINGLY	State CT	Zip 06239
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	CNP	NO PAR	
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. <i>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.</i>					
Name of Authorized Representative JOHN LAPRISE					Date
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

FILED ←

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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