



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

Annual Report for the year: **2017**

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. NAICS Code	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN GENERAL CONTRACTING				
5. State of Incorporation RI					
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 SCHOOL HOUSE ROAD			
City FOSTER	State RI	Zip 02825	City KILLINGLY	State CT	Zip 06239
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the 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		
			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.					
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 JOHN LAPRISE				Date 01/07/2017	
Signature of Authorized Representative <i>John Laprise</i>				SIGN DOCUMENT HERE FEB 08 2017	

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