



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 4602		2. Exact name of the Corporation LARS REALTY, INC.			
3. Principal Office Address 3 LEE ANN DRIVE		City BARRINGTON		State RI	Zip 02806
4. NAICS Code 53	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LEWIS J. SURIANI		Vice-President Name ROSEMARY SURIANI			
Street Address 3 LEE ANN DRIVE		Street Address 3 LEE ANN DRIVE			
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name ROSEMARY SURIANI		Treasurer Name LEWIS J. SURIANI			
Street Address 3 LEE ANN DRIVE		Street Address 3 LEE ANN DRIVE			
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROSEMARY SURIANI		Director Name LEWIS J. SURIANI			
Street Address 3 LEE ANN DRIVE		Street Address 3 LEE ANN DRIVE			
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 600	CLASS/SERIES COMMON	PAR VALUE 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 LEWIS J. SURIANI, PRESIDENT				Date 2/7/17	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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

FILED

FEB 14 2017

FORM 630 - Revised: 10/2016

BY 24569D