



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.

STAMP
 FEB 13 2017

| | | | | | |
|---|--------------------|---|---|--------------------|-----------------------|
| 1. Entity ID Number 120540 | | 2. Exact name of the Corporation LAUD REALTY CORPORATION | | | |
| 3. Principal Office Address 55 PERSHING AVE | | | City WAKEFIELD | State RI | Zip 02879 |
| 4. NAICS Code 5311 | | 6. Brief description of the character of business conducted in Rhode Island REAL ESTATE LEASING COMPANY | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name DAVID N LAUDATI | | | Vice-President Name LARAING LAUDATI | | |
| Street Address 55 PERSHING AVE | | | Street Address 49 SUNSET SHORES DR | | |
| City WAKEFIELD | State RI | Zip 02879 | City NARRAGANSETT | State RI | Zip 02882 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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. | | | NUMBER OF SHARES | | |
| Changes require an additional filing. | | | CLASS/SERIES | | |
| | | | PAR VALUE | | |
| | | | NONE | | |
| 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 DAVID N LAUDATI | | | | | Date 2/7/17 |
| Signature of Authorized Representative <i>David N Laudati</i> | | | | | FILED |
| | | | | | FEB 13 2017 |

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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