



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

Annual Report for the year: **2017**  
Corporation

STAMP

- 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 <b>000790220</b>		2. Exact name of the Corporation <b>LA ENTERPRISES, INC.</b>			
3. Principal Office Address <b>7 JENNIFER LANE</b>		City <b>JOHNSTON</b>		State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>44-45 - Retail Trade</b>		6. Brief description of the character of business conducted in Rhode Island <b>LIQUOR STORE</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Steven Laro</b>			Vice-President Name <b>None</b>		
Street Address <b>7 Jennifer Lane</b>			Street Address		
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>			City State Zip		
Secretary Name <b>None</b>			Treasurer Name <b>None</b>		
Street Address			Street Address		
City State Zip			City State Zip		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			1000 COMMON .01		
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. <b>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.</b>					
Name of Authorized Representative <b>Steven Laro</b>					Date <b>2/3/17</b>
Signature of Authorized Representative <i>Steven Laro</i>					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 17 2017**  
BY **5157**  
**2017**