

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

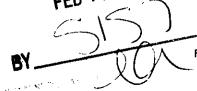
→ Penalty: Additional \$25.00 for	ee if form is not fi	led by April 1.					
1. Entity ID Number 000790220	2. Exact name of the Corporation LA ENTERPRISES, INC.						
Principal Office Address JENNIFER LANE		City JOHNSTON	!	State RI	Zip 02919		
4. NAICS Code 44-45 - Retail Trade 5. State of Incorporation RHODE ISLAND	Brief description of the character of business conducted in Rhode Island LIQUOR STORE						
7. List ALL officers (names and add	dresses)				he box to ir	ndicate an attachment 🔲	
President Name Persident Name Persident Name Persident Name Street Address Street Address			Street Address				
city batoton	State	267UC	City		State	Zip	
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and ac	ddresses)			Check t	he box to in	ndicate an attachment	
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 Issu		ed Check the box to indicate an attachment					
This information is currently of record in the Department of State.		NUMBER OF SI	HARES	COMMON		.01	
Changes require an additional filing.							
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			Date				
Steven		-u en	2/	3/17			
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



FORM 630 - Revised: 10/2016

STAMP