



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 52574		2. Exact name of the Corporation LASERSTAR TECHNOLOGIES CORPORATION			
3. Principal Office Address ONE INDUSTRIAL COURT			City RIVERSIDE	State RI	Zip 02915
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island MANUFACTURE, SELL, MERCHANDISE, DISTRIBUTE AND DEAL WITH MANUFACTURED GOODS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DONALD G. GERVAIS			Vice-President Name JAMES E. GERVAIS		
Street Address ONE INDUSTRIAL COURT			Street Address ONE INDUSTRIAL COURT		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
Secretary Name BARBARA J. GERVAIS			Treasurer Name DONALD G. GERVAIS		
Street Address ONE INDUSTRIAL COURT			Street Address ONE INDUSTRIAL COURT		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DONALD G. GERVAIS			Director Name		
Street Address ONE INDUSTRIAL COURT			Street Address		
City RIVERSIDE	State RI	Zip 02915	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. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	CLASS A VOTING	\$1.00
			7000	CLASS B - NON	\$1.00
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 DONALD G. GERVAIS					Date 2/6/2017
Signature of Authorized Representative 					

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
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