



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 16757		2. Exact name of the Corporation L & M TORSION SPRING CO, INC.			
3. Principal office address 22 FIRST ST.		City E. PROV.	State R I	Zip 02914	
4. Business Phone No. 401 - 231 5635		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island SPRING MFG.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ANNE LAFAUCI			Vice-President Name KENNETH A. LAFAUCI		
Street Address 24 REDWOOD DRIVE			Street Address 24 REDWOOD DRIVE		
City NO. PROV.	State R.I.	Zip 02911	City NO. PROV.	State R.I.	Zip 02911
Secretary Name SUSAN LAFAUCI GIANNINI			Treasurer Name ANNE LAFAUCI		
Street Address 14 ROGER WILLIAMS DR.			Street Address SAME AS ABOVE		
City SMITHFIELD	State R I	Zip 02828	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name KENNETH A LAFAUCI			Director Name ANNE LAFAUCI		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	COMMON	NO PAR

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.

File Date _____

Check No _____

By: _____

FILED

FOR SECRETARY OF STATE USE ONLY

FEB 21 2017

Form No. 630
Revised: 01/2012

BY 12035
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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.

Anne LaFauci
Signature of Authorized Representative

2/21/17
Date

ANNE LAFAUCI

Print or Type Name of Authorized Representative

PRESIDENT