



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
[Signature]

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 La Fauci 2/17/17
 Signature of Authorized Representative Date

ANNE LAFAUCI

Print or Type Name of Authorized Representative
 PRESIDENT