



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 13514		2. Exact name of the Corporation LAS Agency			
3. Principal Office Address 111 Douglas Pike			City Smithfield	State RI	Zip 02917
4. NAICS Code 52 - Finance and Insurance		6. Brief description of the character of business conducted in Rhode Island To operate an insurance agency			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lawrence A. Signore			Vice-President Name Lawrence A. Signore		
Street Address 111 Douglas Pike			Street Address 111 Douglas Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Lawrence A. Signore			Treasurer Name Lawrence A. Signore		
Street Address 111 Douglas Pike			Street Address 111 Douglas Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lawrence A. Signore			Director Name		
Street Address 111 Douglas Pike			Street Address		
City Smithfield	State RI	Zip 02917	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
		15		common	no par
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 Lawrence A. Signore			FILED		Date 1/25/2017
Signature of Authorized Representative <i>Lawrence A. Signore</i>			FEB 28 2017		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY *[Signature]*