



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 98163		2. Exact name of the Corporation LAFF, INC.			
3. Principal Office Address 201 FOREST AVENUE			City MIDDLETOWN	State RI	Zip 02842
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island To engage in the real estate business			
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 NONE			Vice-President Name CHARLOTTE A. YEOMANS		
Street Address NONE			Street Address 201 FOREST AVENUE		
City NONE	State NONE	Zip NONE	City MIDDLETOWN	State RI	Zip 02842
Secretary Name PATRICIA SARGENT			Treasurer Name PATRICIA SARGENT		
Street Address 201 FOREST AVENUE			Street Address 201 FOREST AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CHARLOTTE A. YEOMANS			Director Name PATRICIA SARGENT		
Street Address 201 FOREST AVENUE			Street Address 201 FOREST AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Director Name ROBERT M. SABEL			Director Name NONE		
Street Address 201 FOREST AVENUE			Street Address NONE		
City MIDDLETOWN	State RI	Zip 02842	City NONE	State NONE	Zip NONE
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE \$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 ROBERT M. SABEL				Date 2/16/2017	
Signature of Authorized Representative 				SIGN DOCUMENT HERE 	

MAIL TO:
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Website: www.sos.ri.gov