



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 <b>98163</b>		2. Exact name of the Corporation <b>LAFF, INC.</b>			
3. Principal Office Address <b>201 FOREST AVENUE</b>		City <b>MIDDLETOWN</b>		State <b>RI</b>	Zip <b>02842</b>
4. NAICS Code <b>53 - Real Estate and Rental and</b>		6. Brief description of the character of business conducted in Rhode Island <b>To engage in the real estate business</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>NONE</b>			Vice-President Name <b>CHARLOTTE A. YEOMANS</b>		
Street Address <b>NONE</b>			Street Address <b>201 FOREST AVENUE</b>		
City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name <b>PATRICIA SARGENT</b>			Treasurer Name <b>PATRICIA SARGENT</b>		
Street Address <b>201 FOREST AVENUE</b>			Street Address <b>201 FOREST AVENUE</b>		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>CHARLOTTE A. YEOMANS</b>			Director Name <b>PATRICIA SARGENT</b>		
Street Address <b>201 FOREST AVENUE</b>			Street Address <b>201 FOREST AVENUE</b>		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
Director Name <b>ROBERT M. SABEL</b>			Director Name <b>NONE</b>		
Street Address <b>201 FOREST AVENUE</b>			Street Address <b>NONE</b>		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			<b>100 COMMON \$1.00</b>		
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. <b>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.</b>					
Name of Authorized Representative <b>ROBERT M. SABEL</b>				Date <b>2/16/2017</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE 	

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