



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>18462</b>		2. Exact name of the Corporation <b>LAWRENCE AIR SYSTEMS, INC.</b>																																							
3. Principal Office Address <b>153 GEORGE STREET</b>			City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>																																				
4. NAICS Code <b>23 - Construction</b>		6. Brief description of the character of business conducted in Rhode Island <b>REFRIGERATION, HEAT AND AIR CONDITIONING INSTALLATION AND REPAIR</b>																																							
5. State of Incorporation <b>RI</b>		7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">President Name <b>JOHN BRIAN LAWRENCE</b></td> <td colspan="3">Vice-President Name <b>AARON J. LAWRENCE</b></td> </tr> <tr> <td colspan="3">Street Address <b>10 EVERGREEN STREET</b></td> <td colspan="3">Street Address <b>37 LAPRE ROAD</b></td> </tr> <tr> <td>City <b>BARRINGTON</b></td> <td>State <b>RI</b></td> <td>Zip <b>02806</b></td> <td>City <b>NORTH SMITHFIELD</b></td> <td>State <b>RI</b></td> <td>Zip <b>02896</b></td> </tr> <tr> <td colspan="3">Secretary Name <b>JASON T. LAWRENCE</b></td> <td colspan="3">Treasurer Name <b>JASON T. LAWRENCE</b></td> </tr> <tr> <td colspan="3">Street Address <b>153 GEORGE STREET</b></td> <td colspan="3">Street Address <b>153 GEORGE STREET</b></td> </tr> <tr> <td>City <b>BARRINGTON</b></td> <td>State <b>RI</b></td> <td>Zip <b>02806</b></td> <td>City <b>BARRINGTON</b></td> <td>State <b>RI</b></td> <td>Zip <b>02806</b></td> </tr> </table>				President Name <b>JOHN BRIAN LAWRENCE</b>			Vice-President Name <b>AARON J. LAWRENCE</b>			Street Address <b>10 EVERGREEN STREET</b>			Street Address <b>37 LAPRE ROAD</b>			City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	Secretary Name <b>JASON T. LAWRENCE</b>			Treasurer Name <b>JASON T. LAWRENCE</b>			Street Address <b>153 GEORGE STREET</b>			Street Address <b>153 GEORGE STREET</b>			City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>
President Name <b>JOHN BRIAN LAWRENCE</b>						Vice-President Name <b>AARON J. LAWRENCE</b>																																			
Street Address <b>10 EVERGREEN STREET</b>			Street Address <b>37 LAPRE ROAD</b>																																						
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>																																				
Secretary Name <b>JASON T. LAWRENCE</b>			Treasurer Name <b>JASON T. LAWRENCE</b>																																						
Street Address <b>153 GEORGE STREET</b>			Street Address <b>153 GEORGE STREET</b>																																						
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>																																				
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Director Name <b>JOHN BRIAN LAWRENCE</b></td> <td colspan="3">Director Name <b>AARON J. LAWRENCE</b></td> </tr> <tr> <td colspan="3">Street Address <b>10 EVERGREEN STREET</b></td> <td colspan="3">Street Address <b>37 LAPRE ROAD</b></td> </tr> <tr> <td>City <b>BARRINGTON</b></td> <td>State <b>RI</b></td> <td>Zip <b>02806</b></td> <td>City <b>NORTH SMITHFIELD</b></td> <td>State <b>RI</b></td> <td>Zip <b>02896</b></td> </tr> <tr> <td colspan="3">Director Name <b>JASON T. LAWRENCE</b></td> <td colspan="3">Director Name <b>NONE</b></td> </tr> <tr> <td colspan="3">Street Address <b>153 GEORGE STREET</b></td> <td colspan="3">Street Address</td> </tr> <tr> <td>City <b>BARRINGTON</b></td> <td>State <b>RI</b></td> <td>Zip <b>02806</b></td> <td>City</td> <td>State</td> <td>Zip</td> </tr> </table>						Director Name <b>JOHN BRIAN LAWRENCE</b>			Director Name <b>AARON J. LAWRENCE</b>			Street Address <b>10 EVERGREEN STREET</b>			Street Address <b>37 LAPRE ROAD</b>			City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	Director Name <b>JASON T. LAWRENCE</b>			Director Name <b>NONE</b>			Street Address <b>153 GEORGE STREET</b>			Street Address			City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip
Director Name <b>JOHN BRIAN LAWRENCE</b>			Director Name <b>AARON J. LAWRENCE</b>																																						
Street Address <b>10 EVERGREEN STREET</b>			Street Address <b>37 LAPRE ROAD</b>																																						
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>																																				
Director Name <b>JASON T. LAWRENCE</b>			Director Name <b>NONE</b>																																						
Street Address <b>153 GEORGE STREET</b>			Street Address																																						
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip																																				
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 <b>600</b>		CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NO PAR VALUE</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>JOHN BRIAN LAWRENCE</b>					Date																																				
Signature of Authorized Representative 																																									

RECEIVED  
 DEPARTMENT OF STATE  
 BUSINESS SERVICES DIVISION  
 2017 MAR 13 AM 11:21

**FILED**

**MAR 13 2017**

By 2950765  
AA.