



**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. <b>17005</b>		2. Exact name of the Corporation <b>LACHANCE ENTERPRISES INC</b>					
3. Principal office address <b>P.O. BOX 1273</b>			City <b>COVENTRY</b>		State <b>R.I</b>	Zip <b>02816</b>	
4. Business Phone No. <b>401-397-8362</b>			5. State of Incorporation <b>RHODE ISLAND</b>				
6. Brief description of the character of business conducted in Rhode Island <b>GENERAL CONSTRUCTION</b>							
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
President Name <b>LARRY R LACHANCE</b>			Vice-President Name <b>LARRY R. LACHANCE</b>				
Street Address <b>P.O. BOX 1273 202 RACCOON RUN ROAD</b>			Street Address <b>P.O. BOX 1273</b>				
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>COVENTRY</b>	State <b>R.I</b>	Zip <b>02816</b>		
Secretary Name <b>LARRY R LACHANCE</b>			Treasurer Name				
Street Address <b>P.O. BOX 1273</b>			Street Address				
City <b>COVENTRY</b>	State <b>R.I</b>	Zip <b>02816</b>	City	State	Zip		
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
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		
			<b>300</b>	<b>COMMON</b>	<b>NO PAR</b>		

*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: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**

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.

*Larry R Lachance* 3/8/17  
 Signature of Authorized Representative Date

**LARRY R. LACHANCE**  
 Print or Type Name of Authorized Representative

**FILED**

**MAR 20 2017**

*1837 DS*

**BY** \_\_\_\_\_