



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. 16722		2. Exact name of the Corporation L+L TRUCKING CO. INC.				
3. Principal office address P.O. BOX 1273		202 RACCOON RUN ROAD		City COVENTRY	State RI	Zip 02816
4. Business Phone No. 401-397-8362			5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island GENERAL CONSTRUCTION						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name LARRY R LACHANCE			Vice-President Name LARRY R LACHANCE			
Street Address P.O. BOX 1273			Street Address P.O. BOX 1273			
City COVENTRY	State R.I	Zip 02816	City COVENTRY	State R.I.	Zip 02816	
Secretary Name LARRY R. LACHANCE			Treasurer Name			
Street Address P.O. BOX 1273			Street Address			
City COVENTRY	State R.I	Zip 02816	City	State	Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
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	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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	
			1,000	COMMON	NO PAR	

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

BY 1837PS