



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.

2017 MAR 31

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

1. Entity ID Number 1664882		2. Exact name of the Corporation Laser Photo Worx, Inc.			
3. Principal Office Address 75 York Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 71 - Arts, Entertainment, and R		6. Brief description of the character of business conducted in Rhode Island To print and reproduce photographer materials and any other lawful 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 Antonio Rodrigues			Vice-President Name James E. Lapastora		
Street Address 75 York Avenue			Street Address 75 York Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Antonio Rodrigues			Treasurer Name James E. Lapastora		
Street Address 75 York Avenue			Street Address 75 York Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		Common	No Par Value
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 Antonio Rodrigues, President					Date 1-27-2017
Signature of Authorized Representative 					FILED SIGN DOCUMENT HERE MAR 31 2017

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

By 129915
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