



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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. Entry ID Number 18482		2. Exact name of the Corporation Lawrence Bros., Inc.			
3. Principal Office Address 120 Chapel Street			City Harrisville	State RI	Zip 02830
4. NAICS Code 444130		6. Brief description of the character of business conducted in Rhode Island Retail hardware store			
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 Stephen R. King			Vice-President Name Gayle M. King		
Street Address 132 Jackson School House Road			Street Address 132 Jackson School House Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
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
			300		Common
					PAR VALUE
					No Par
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 Stephen R. King					Date 2-19-18
Signature of Authorized Representative <i>Stephen R. King</i>					

SIGN DOCUMENT HERE **FILED**

FEB 22 2018
 BY 6742 DS

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