



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

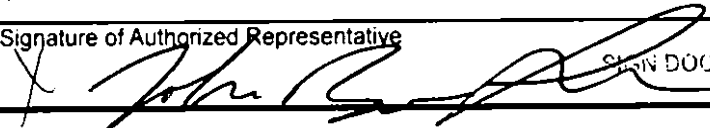
Annual Report for the year: **2018**  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

FEB 26 2018

BY

|   |                    |  |   |                    |                          |
|---|--------------------|--|---|--------------------|--------------------------|
| 1. Entity ID Number<br><b>18462</b>   |                    | 2. Exact name of the Corporation<br><b>LAWRENCE AIR SYSTEMS, INC.</b>  |   |                    |                          |
| 3. Principal Office Address<br><b>153 George Street</b>   |                    |  | City<br><b>Barrington</b>   | State<br><b>RI</b> | Zip<br><b>02806</b>      |
| 4. NAICS Code<br><b>238220</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Refrigeration, heat and air conditioning installation and repair</b> |   |                    |                          |
| 5. State of Incorporation<br><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>  |                    |  |   |                    |                          |
| President Name<br><b>John Brian Lawrence</b>  |                    |  | Vice-President Name<br><b>Aaron J. Lawrence</b>   |                    |                          |
| Street Address<br><b>10 Evergreen Street</b>  |                    |  | Street Address<br><b>37 Lapre Road</b>  |                    |                          |
| City<br><b>Barrington</b>   | State<br><b>RI</b> | Zip<br><b>02806</b>  | City<br><b>North Smithfield</b>   | State<br><b>RI</b> | Zip<br><b>02896</b>      |
| Secretary Name<br><b>Jason T. Lawrence</b>  |                    |  | Treasurer Name<br><b>Jason T. Lawrence</b>  |                    |                          |
| Street Address<br><b>153 George Street</b>  |                    |  | Street Address<br><b>153 George Street</b>  |                    |                          |
| City<br><b>Barrington</b>   | State<br><b>RI</b> | Zip<br><b>02806</b>  | City<br><b>Barrington</b>   | State<br><b>RI</b> | Zip<br><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>   |                    |  |   |                    |                          |
| Director Name<br><b>John Brian Lawrence</b>   |                    |  | Director Name<br><b>Aaron J. Lawrence</b>   |                    |                          |
| Street Address<br><b>10 Evergreen Street</b>  |                    |  | Street Address<br><b>37 Lapre Road</b>  |                    |                          |
| City<br><b>Barrington</b>   | State<br><b>RI</b> | Zip<br><b>02806</b>  | City<br><b>North Smithfield</b>   | State<br><b>RI</b> | Zip<br><b>02896</b>      |
| Director Name<br><b>Jason T. Lawrence</b>   |                    |  | Director Name<br><b>None</b>  |                    |                          |
| Street Address<br><b>153 George Street</b>  |                    |  | Street Address  |                    |                          |
| City<br><b>Barrington</b>   | State<br><b>RI</b> | Zip<br><b>02806</b>  | City  | State              | Zip                      |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>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  | CLASS/SERIES       | PAR VALUE                |
|   |                    |  | <b>600</b>  | <b>Common</b>      | <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<br><b>John Brian Lawrence</b>   |                    |  |   |                    | Date<br><b>1/29/2018</b> |
| Signature of Authorized Representative<br> <span style="float: right;">SIGN DOCUMENT HERE</span>  |                    |  |   |                    |                          |