



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

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

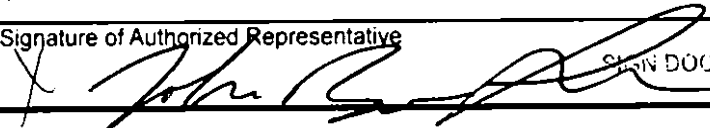
- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 26 2018

BY

16855

1. Entity ID Number 18462		2. Exact name of the Corporation LAWRENCE AIR SYSTEMS, INC.			
3. Principal Office Address 153 George Street		City Barrington		State RI	Zip 02806
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Refrigeration, heat and air conditioning installation and repair			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Brian Lawrence			Vice-President Name Aaron J. Lawrence		
Street Address 10 Evergreen Street			Street Address 37 Lapre Road		
City Barrington	State RI	Zip 02806	City North Smithfield	State RI	Zip 02896
Secretary Name Jason T. Lawrence			Treasurer Name Jason T. Lawrence		
Street Address 153 George Street			Street Address 153 George Street		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John Brian Lawrence			Director Name Aaron J. Lawrence		
Street Address 10 Evergreen Street			Street Address 37 Lapre Road		
City Barrington	State RI	Zip 02806	City North Smithfield	State RI	Zip 02896
Director Name Jason T. Lawrence			Director Name None		
Street Address 153 George Street			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			600 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 John Brian Lawrence					Date 1/29/2018
Signature of Authorized Representative  SHOW DOCUMENT HERE					

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