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 2018

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.	2. Exact name of the Corporation	
16757	L & M TORSION SPRING CO, INC.	C3326137

3. Principal office address	City	State	Zip
22 FIRST ST.	E. PROV.	R I	02914

4. Business Phone No.	5. State of Incorporation
401 - 231 5635	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
SPRING MFG.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
ANNE LAFAUCI	24 REDWOOD DRIVE	NO. PROV.	R.I.	02911

Vice-President Name	Street Address	City	State	Zip
KENNETH A. LAFAUCI	24 REDWOOD DRIVE	NO. PROV.	R.I.	02911

Secretary Name	Street Address	City	State	Zip
SUSAN LAFAUCI GIANNINI	14 ROGER WILLIAMS DR.	SMITHFIELD	R.I	02828

Treasurer Name	Street Address	City	State	Zip
ANNE LAFAUCI	SAME AS ABOVE			

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
KENNETH A LAFAUCI	SAME AS ABOVE			

Director Name	Street Address	City	State	Zip
ANNE LAFAUCI	SAME AS ABOVE			

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	300	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.

FILED
FEB 28 2018
BY 12175

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.

Anne LaFauci 2/21/18
Signature of Authorized Representative Date

ANNE LAFAUCI
Print or Type Name of Authorized Representative

PRESIDENT

Form No. 630
Revised: 01/2012