



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 MAR 22 PM 3:21

1. Entity ID Number 1664882		2. Exact name of the Corporation LASER FOTO WORX INC												
3. Principal Office Address 75 York Avenue			City Pawtucket	State RI	Zip 02860									
4. NAICS Code 812921		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			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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par Value			
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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 1-23-2018										
Signature of Authorized Representative 				FILED SIGN DOCUMENT HERE MAR 22 2018 BY KL 327101										

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