



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

FILED

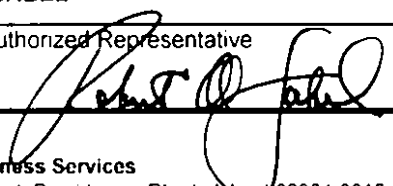
JAN 28 2019

BY 11553
ID

Annual Report for the year: 2019

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. Entity ID Number 98163		2. Exact name of the Corporation LAFF, Inc.			
3. Principal Office Address 201 FOREST AVENUE			City MIDDLETOWN	State RI	Zip 02842
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island To engage om the real estate 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 ROBERT M. SABEL			Vice-President Name PAUL MURPHY		
Street Address 201 FOREST AVENUE			Street Address 201 FOREST AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name PATRICIA SARGENT			Treasurer Name PATRICIA SARGENT		
Street Address 201 FOREST AVENUE			Street Address 201 FOREST AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT M. SABEL			Director Name PAUL MURPHY		
Street Address 201 FOREST AVENUE			Street Address 201 FOREST AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Director Name PATRICIA SARGENT			Director Name NONE		
Street Address 201 FOREST AVENUE			Street Address NONE		
City MIDDLETOWN	State RI	Zip 02842	City NONE	State NONE	Zip NONE
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/STRIKES	PAR VALUE
		100		COMMON	\$1.00
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 ROBERT M. SABEL				Date 1/10/2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	