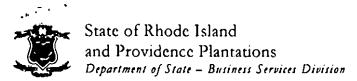
RI SOS Filing Number: 201924911380 Date: 10/18/2019 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_ 2019

Filing Period: September 1 - November 1 - Filing Fee: \$50,00° - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\*In accordance with RTG.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

119215		2. Exact name of the limited liability company  Laservall North America, LLC		3. NAIC	3. NAICS Code 334510	
4. Brief description of the character of the husiness which is actually condu Sales and service of laser equipment.			cled in Rhode Island	5. State of Formation Rhode Island		
6. Principal office address 136 Newell Avenue		City Pawtucket	State RI	Zip 02860		
7. MAILING AD Contact Name Daniel R. Go		ILITY COMPANY AND	NAME OR TITLE OF CONTAC Contact Title Manager	T PERSON:	,	
Sireit Address 136 Newell Avenue			City Pawtucket	State RI	7 <i>ip</i> 02860	
Manager Name Daniel R. Gold  Street Address 136 Newell Avenue			Manager Name  Street Address			
Street Address 136 Newell A	Avenue					
Street Address 136 Newell A		Zip 02860	Street Address City	State	Zip	
Street Address 136 Newell A	Avenue			State	Zip	
Street Address 136 Newell A City Pawtucket	Avenue		City	State	Zip	
Street Address 136 Newell A City Pawtucket Manager Name	Avenue		City Manager Name	State	Zip	
Street Address 136 Newell A City Pawtucket Manager Name Street Address City	Avenue    State   RI	02860	City  Manager Name  Street Address			

FILED YM

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

BY 5361
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.

Signature of Authorized Person Date

Daniel R. Gold, Manager