



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

FILED

DEC 31 2019 **STAMP**

BY 20236 OS

Annual Report for the year: **2020**
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 000122956		2. Exact name of the Corporation Louro Property Management, LTD.			
3. Principal Office Address 434 Child Street			City Warren	State RI	Zip 02886
4. NAICS Code 531110 - Lessors of residential		6. Brief description of the character of business conducted in Rhode Island To engage in the business of owning and managing rental property			
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 Ronald J. Louro			Vice-President Name Ronald A. Louro		
Street Address 434 Child Street, P.O. Box 56			Street Address 10 Deer Run Road		
City Warren	State RI	Zip 02886	City Bristol	State RI	Zip 02809
Secretary Name Ronald J. Louro			Treasurer Name Ronald J. Louro		
Street Address 434 Child Street, P.O. Box 56			Street Address 434 Child Street, P.O. Box 56		
City Warren	State RI	Zip 02886	City Warren	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ronald J. Louro			Director Name NONE		
Street Address 434 Child Street, P.O. Box 56			Street Address		
City Warren	State RI	Zip 02886	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 10. Shares Issued <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			500		Common
			PAR VALUE		No Par
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. <i>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.</i>					
Name of Authorized Representative Ronald J. Louro					Date 12/23/19
Signature of Authorized Representative 					SIGN 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