



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

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.

FILED

MAR 05 2020

BY

1447 AS

1. Entity ID Number 80031		2. Exact name of the Corporation Lavigne Realty Company, Inc.			
3. Principal Office Address 300 Centerville Road, Summit East, Suite 330			City Warwick	State RI	Zip 02886
4. NAICS Code 631390		6. Brief description of the character of business conducted in Rhode Island Buying, selling and renting real estate.			
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 David T. Lavigne			Vice-President Name Daniel W. Lavigne		
Street Address 15 Western Industrial Drive			Street Address Same		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Gerard E. Lavigne			Treasurer Name Daniel W. Lavigne		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gerard E. Lavigne			Director Name Daniel W. Lavigne		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 300	CLASS/SERIES 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. 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 David T. Lavigne				Date 3/3/2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
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