



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Amended

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(RM MUST BE TYPED IN BLACK)

1. Corporate ID No. <u>99895</u>		2. Name of Corporation <u>G. L. LAPIERRE & COMPANY, INC</u>													
3. Street Address Principal Business Office <u>669 Douglas Pike, HARRISVILLE</u>		4. City <u>HARRISVILLE</u>		5. State <u>RI</u>		6. Zip <u>02830</u>									
7. Business Phone No. <u>401-568-0994</u>		8. State of Incorporation <u>RI</u>				9. SIC Code <u>7914</u>									
10. Brief Description of the Character of Business Conducted in Rhode Island <u>INVESTIGATION AND REPOSSESSION SERVICES AND ALL LEGAL BUSINESS</u>															
11. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS															
12. President Name <u>GERALD L. LAPIERRE</u>				13. Vice President Name <u>GERALD L. LAPIERRE</u>											
14. Street Address <u>673 Douglas Pike</u>				15. Street Address <u>673 Douglas Pike</u>											
16. City <u>HARRISVILLE</u>		17. State <u>RI</u>		18. Zip <u>02830</u>		19. City <u>HARRISVILLE</u>		20. State <u>RI</u>		21. Zip <u>02830</u>					
22. Secretary Name <u>LISA TOBIAS</u>				23. Treasurer Name <u>JAMES BERARD</u>											
24. Street Address <u>76 READ ROAD</u>				25. Street Address <u>64 NASONVILLE ROAD</u>											
26. City <u>COVENTRY</u>		27. State <u>RI</u>		28. Zip <u>02816</u>		29. City <u>HARRISVILLE</u>		30. State <u>RI</u>		31. Zip <u>02830</u>					
11. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS															
32. Director Name <u>NONE</u>				33. Director Name <u>NONE</u>											
34. Street Address <u>NONE</u>				35. Street Address <u>NONE</u>											
36. City <u>NONE</u>		37. State <u></u>		38. Zip <u></u>		39. City <u></u>		40. State <u></u>		41. Zip <u></u>					
32. Director Name <u></u>				33. Director Name <u></u>											
34. Street Address <u></u>				35. Street Address <u></u>											
36. City <u></u>		37. State <u></u>		38. Zip <u></u>		39. City <u></u>		40. State <u></u>		41. Zip <u></u>					
12. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>								13. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>							
14. AUTHORIZED SHARES				15. ISSUED SHARES											
16. Number of Shares <u>6000</u>		17. Class/Series <u></u>		18. Par Value <u>NO PAR VALUE</u>		19. Number of Shares <u>6000</u>		20. Class/Series <u></u>		21. Par Value <u>NO PAR VALUE</u>					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

Date: DEC 16 2003

Check No.: By Cm#63

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.

Gerald L. Lapierre 7-14-03
Signature of Officer Date

GERALD LAPIERRE
Print or Type Name of Officer

President
Title of Officer