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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 01 2021
BY 13486

Annual Report for the year: 2021
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	2. Exact name of the Corporation			
18462	LAWRENCE AIR SYSTEMS, INC.			
3. Principal Office Address		City	State	Zip
153 George Street		Barrington	RI	02806
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238220	Refrigeration, heat and air conditioning installation and repair			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: John Brian Lawrence			Vice-President Name: Aaron J. Lawrence		
Street Address: 10 Evergreen Street			Street Address: 37 Lapre Road		
City: Barrington	State: RI	Zip: 02806	City: North Smithfield	State: RI	Zip: 02896
Secretary Name: Jason T. Lawrence			Treasurer Name: Jason T. Lawrence		
Street Address: 153 George Street			Street Address: 153 George Street		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: John Brian Lawrence			Director Name: Aaron J. Lawrence		
Street Address: 10 Evergreen Street			Street Address: 37 Lapre Road		
City: Barrington	State: RI	Zip: 02806	City: North Smithfield	State: RI	Zip: 02896
Director Name: Jason T. Lawrence			Director Name: None		
Street Address: 153 George Street			Street Address:		
City: Barrington	State: RI	Zip: 02806	City:	State:	Zip:

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600	Common	No Par Value

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	Date
John Brian Lawrence	1/20/2021

Signature of Authorized Representative: X John Brian Lawrence

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020