State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED
FEB 05 2021
BY

1. Entity ID Number	2. Exact name of the Corporation
16757	L & M TORSION SPRING CO., INC.

3. Principal Office Address	City	State	Zip
250 ESTEN AVE.	PAWTUCKET	R I	02860

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
332613	SPRING MFG.
5. State of Incorporation: RHODE ISLAND	

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

President Name	Vice-President Name
ANNE F. LAFAUCI	KENNETH A. LAFAUCI
Street Address: 24 REDWOOD DRIVE	Street Address: 24 REDWOOD DRIVE
City: NO. PROV. / State: R.I. / Zip: 02911	City: NO. PROV. / State: R.I. / Zip: 02911
Secretary Name: SUSAN BRANCA	Treasurer Name: ANNE LAFAUCI
Street Address: 3971 DIAMOND HILL RD.	Street Address: SAME AS ABOVE
City: CUMBERLAND / State: R I / Zip: 02864	City: / State: / Zip:

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

Director Name	Director Name
KENNETH LAFAUCI	ANNE LAFAUCI
Street Address: SAME AS ABOVE	Street Address: SAME AS ABOVE
City: / State: / Zip:	City: / State: / Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: / State: / Zip:	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	300	COMMON	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	Date
KENNETH LAFAUCI	2/1/21

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

FORM 630 - Revised: 10/2017