RI SOS Filing Number: 202190803980 Date: 2/10/2021 4:00:00 PM

State of Rhode Island

**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.

STAMP

| 1. Entity ID Number | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 98163 | LAFF, Inc. | | |
| 3. Principal Office Address | City | State | Zip |
| 201 FOREST AVENUE | MIDDLETOWN | RI | 02842 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | |
| 531120 | To engage in the real estate business | | |
| 5. State of Incorporation | | | |
| RHODE ISLAND | | | |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name ROBERT M. SABEL | | | Vice-President Name PAUL MURPHY | | |
| Street Address 201 FOREST AVENUE | | | Street Address 201 FOREST AVENUE | | |
| City MIDDLETOWN | State RI | Zip 02842 | City MIDDLETOWN | State RI | Zip 02842 |
| Secretary Name PATRICIA SARGENT | | | Treasurer Name PATRICIA SARGENT | | |
| Street Address 201 FOREST AVENUE | | | Street Address 201 FOREST AVENUE | | |
| City MIDDLETOWN | State RI | Zip 02842 | City MIDDLETOWN | State RI | Zip 02842 |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name ROBERT M. SABEL | | | Director Name PAUL MURPHY | | |
| Street Address 201 FOREST AVENUE | | | Street Address 201 FOREST AVENUE | | |
| City MIDDLETOWN | State RI | Zip 02842 | City MIDDLETOWN | State RI | Zip 02842 |
| Director Name PATRICIA SARGEBT | | | Director Name NONE | | |
| Street Address 201 FOREST AVENUE | | | Street Address NONE | | |
| City MIDDLETOWN | State RI | Zip 02842 | City NONE | State NONE | Zip NONE |

9. Shares Authorized

**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 ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 100 | COMMON | $1.00 |
| | | |

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 |
|---|---|
| ROBERT M. SABEL | 1/22/2021 |

Signature of Authorized Representative

FILED
FEB 10 2021
KM
BY 13419

**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**