



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 MAR - 2 A 8:40

1. Entity ID Number 000115908	2. Exact name of the Corporation L. A. REAL ESTATE, INC.
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3. Principal Office Address 56 WELLS STREET	City WESTERLY	State RI	Zip 02891
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4. NAICS Code 531210	6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A REAL ESTATE BROKERAGE OFFICE KNOWN AS REMAX SOUTH COUNTY
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LYNN AZZINARO			Vice-President Name		
Street Address 6 EGRET LANE			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Secretary Name			Treasurer Name LYNN AZZINARO		
Street Address			Street Address 6 EGRET LANE		
City	State	Zip	City WESTERLY	State RI	Zip 02891

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LYNN AZZINARO			Director Name		
Street Address 6 EGRET LANE			Street Address		
City WESTERLY	State RI	Zip 02891	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES		CLASS/SERIES
	100.00	STK	PAR VALUE
			<i>8</i>

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 Daniel J Urso CPA	Date 3/26/21
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Signature of Authorized Representative <i>DJ Urso</i>
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FILED ✓

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

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