



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.

FILED

STAMP

MAR 09 2021

FOR SECRETARY OF STATE USE ONLY

BY *[Signature]*

1. Entity ID Number 000122956		2. Exact name of the Corporation Louro Property Management, Ltd.			
3. Principal Office Address 434 Child Street			City Warren	State RI	Zip 02885
4. NAICS Code 531110 - Lessors of residen		6. Brief description of the character of business conducted in Rhode Island To engage in the business of owning and managing rental property			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ronald J. Louro			Vice-President Name Ronald J. Louro		
Street Address 434 Child Street, P.O. Box 56			Street Address 434 Child Street, P.O. Box 56		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Ronald J. Louro			Treasurer Name Ronald J. Louro		
Street Address 434 Child Street, P.O. Box 56			Street Address 434 Child Street, P.O. Box 56		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ronald J. Louro			Director Name NONE		
Street Address 434 Child Street, P.O. Box 56			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Director Name NONE			Director Name NONE		
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		PAR VALUE
			CLASS/SERIES		
			500	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 Ronald J. Louro					Date 3-4-2021
Signature of Authorized Representative <i>[Signature]</i>					

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