State of Rhode Island
Department of State - Business Services Division

FILED
APR 25 2023
BY 50257

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
000061193	Lavigne Manufacturing, Inc.

3. Principal Office Address	City	State	Zip
300 Centerville Road, Summit East, Suite 330	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
423410	To maintain and operate a general machine shop and foundry.
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		
David T. Lavigne			Daniel W. Lavigne		
Street Address: 15 Western Indiustrial Drive			Street Address: Same		
City: Cranston	State: RI	Zip: 02921	City	State	Zip
Secretary Name: Daniel W. Lavigne			Treasurer Name: Gerard E. Lavigne		
Street Address			Street Address: Same		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
David T. Lavigne			Gerard E. Lavigne		
Street Address: Same			Street Address: Same		
City	State	Zip	City	State	Zip
Director Name: Daniel W. Lavigne			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
David T. Lavigne	2-8-2023

Signature of Authorized Representative

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