



State of Rhode Island

Department of State - Business Services Division

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.

FILED

APR 25 2023

BY

1. Entity ID Number 000080031		2. Exact name of the Corporation Lavigne Realty Company, Inc.			
3. Principal Office Address 300 Centerville Road, Summit East, Suite 330		City Warwick		State RI	Zip 02886
4. NAICS Code 631390	6. Brief description of the character of business conducted in Rhode Island Buying, selling and renting real estate.				
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 David T. Lavigne			Vice-President Name Daniel W. Lavigne		
Street Address 15 Western Industrial Drive			Street Address Same		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Gerard F. Lavigne			Treasurer Name Daniel W. Lavigne		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gerard F. Lavigne			Director Name Daniel W. Lavigne		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
Director Name David T. Lavigne			Director Name		
Street Address Same			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		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 David T. Lavigne				Date 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

FORM 630 - Revised: 11/2021