



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
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

FEB 05 2024

1. Entity ID Number <u>000120540</u>		2. Exact name of the Corporation <u>LAUD REALTY CORP.</u>	
3. Principal Office Address <u>55 PERSHING AV</u>		City <u>WAKEFIELD</u>	State <u>RI</u>
Zip <u>02879</u>			
4. NAICS Code <u>531120</u>	6. Brief description of the character of business conducted in Rhode Island <u>BUSINESS</u> <u>REAL ESTATE RENTAL</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>DAVID N LAUDATI</u>		Vice-President Name <u>LARAINA LAUDATI</u>	
Street Address <u>55 PERSHING</u>		Street Address <u>49 SUNSET SHORES DR</u>	
City <u>WAKE</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>NARRAGANSETT</u>
			State <u>RI</u>
			Zip <u>02882</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
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 <u>11</u>		Director Name <u>11</u>	
Street Address		Street Address	
City	State	Zip	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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
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 <u>DAVID N LAUDATI</u>			Date <u>1/31/24</u>
Signature of Authorized Representative <u>David N Laudati</u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov