RI SOS Filing Number: 202564481990 Date: 2/11/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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 STAMP
FEB 05 2025
BY 1772 AA

1. Entity ID Number	2. Exact name of the Corporation		
18462	LAWRENCE AIR SYSTEMS, INC.		
3. Principal Office Address	City	State	Zip
153 GEORGE STREET	BARRINGTON	RI	02806
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238220	Refrigeration, heat and air conditioning installation and repair		
5. State of Incorporation			
RI			

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

President Name	Street Address	City	State	Zip
John Brian Lawrence	10 Evergreen Street	Barrington	RI	02806

Vice-President Name	Street Address	City	State	Zip
Aaron J. Lawrence	37 Lapre Road	North Smithfield	RI	02896

Secretary Name	Street Address	City	State	Zip
Jason T. Lawrence	153 George Street	Barrington	RI	02806

Treasurer Name	Street Address	City	State	Zip
Jason T. Lawrence	153 George Street	Barrington	RI	02806

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

Director Name	Street Address	City	State	Zip
John Brian Lawrence	10 Evergreen Street	Barrington	RI	02806
Jason T. Lawrence	153 George Street	Barrington	RI	02806

Director Name	Street Address	City	State	Zip
Aaron J. Lawrence	37 Lapre Road	North Smithfield	RI	02896
None				

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

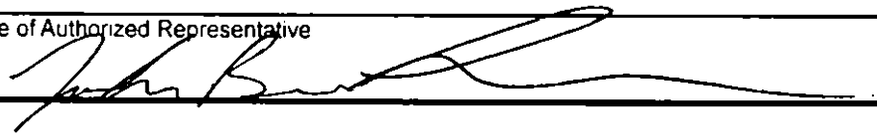
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600	Common	No Par Value

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	Date
John Brian Lawrence	1/22/2025

Signature of Authorized Representative



MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021