

FILED

State of Rhode Island
Department of State - Business Services DivisionAnnual 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.

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BY 5175

2025 MAR 24 P 3:27

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>53120</u>		6. Brief description of the character of business conducted in Rhode Island <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 Laudati</u>		Vice-President Name <u>LARAINÉ LAUDATI</u>	
Street Add. <u>55 Pershing Avenue</u>		Street Address <u>49 SUNSET SHORES DR</u>	
City <u>Wakefield, RI 02879-3712</u>		City <u>NARRAGANSETT</u>	State <u>RI</u>
		Zip <u>02882</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>David Laudati</u>		Director Name <u>LARAINÉ LAUDATI</u>	
Street Address <u>55 Pershing Avenue</u>		Street Address <u>SAME</u>	
City <u>Wakefield, RI 02879-3712</u>		City <u>SAME</u>	State <u>RI</u>
		Zip <u>SAME</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 CLASS/SERIES PAR VALUE	
Changes require an additional filing.			
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>3/20/2025</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
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023