



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
JUN 02 2025
BY 110541

1. Entity ID Number 000115908		2. Exact name of the Corporation L.A. REAL ESTATE, INC			
3. Principal Office Address 56 WELLS STREET			City WESTERLY	State RI	Zip 02891
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A REAL ESTATE BROKERAGE OFFICE KNOWN AS REMAX SOUTH COUNTY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LYNN AZZINARO			Vice-President Name		
Street Address 6 EGRET LANE			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Secretary Name			Treasurer Name LYNN AZZINARO		
Street Address			Street Address 6 EGRET LANE		
City	State	Zip	City WESTERLY	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LYNN AZZINARO			Director Name		
Street Address 6 EGRET LANE			Street Address		
City WESTERLY	State RI	Zip 02891	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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			100	STK	0
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 DANIEL J URSO, CPA					Date 05/28/25
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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