



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 16366		2. Exact name of the Corporation Helcar, Inc.			
3. Principal office address 39 Cedar Swamp Road			City Smithfield	State RI	Zip 02917
4. Business Phone No. 401-232-1010			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Deal in Real Property					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John F. Lusi			Vice-President Name Armand T. Lusi		
Street Address 380 Orms Street			Street Address 120 Spencer Avenue		
City Providence	State RI	Zip 02908	City Warwick	State RI	Zip 02818
Secretary Name Susan H. Lusi			Treasurer Name Armand T. Lusi		
Street Address 39 Cedar Swamp Road			Street Address 120 Spencer Avenue		
City Smithfield	State RI	Zip 02917	City Warwick	State RI	Zip 02818
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	Common Class A	No Par
			5000	Common Class B	No Par

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.

File Date _____

Check No _____

By: _____ BY _____

FILED
MAR 17 2014
4160

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.

Armand T. Lusi, Vice Pres. 03/14/2014
 Signature of Authorized Representative Date

Armand T. Lusi

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY