



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

2015

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. 105998		2. Exact name of the Corporation LUTZ AIR CO. INC.			
3. Principal office address 66 TAYLOR DRIVE		City E.A. PROV.	State RI	Zip 02916	
4. Business Phone No. 401 431-1000		5. State of Incorporation R.I.			
6. Brief description of the character of business conducted in Rhode Island H.V.A.C. SALES & SERVICE					
President Name DONALD M. LUTZ			Vice-President Name DONALD H. LUTZ		
Street Address 330 OLNEY ARNOLD RD.			Street Address 153 TOBIE AVE		
City CRANSTON	State RI	Zip 02921	City PAWTUCKET	State RI	Zip 02861
Secretary Name *			Treasurer Name *		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name SAME AS ABOVE			Director Name SAME AS ABOVE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 100	CLASS/SERIES COMMON	PAR VALUE 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.

FILED

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.

DEC 26 2014

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Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative