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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 2016

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.	2. Exact name of the Corporation			
105928	LUTZ AIR CO., INC.			
3. Principal office address: 66 TAYLOR DR	City: RUMFORD	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: HEATING + AIR CONDITIONING.				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
DONALD N. LUTZ	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: DONALD N. LUTZ	Treasurer Name: DONALD H. LUTZ
Street Address: 330 OLNEY ARNOLD RD	Street Address: 153 TOBIE AV
City: CRANSTON State: RI Zip: 02921	City: PAWTUCKET State: RI Zip: 02861

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
DONALD N. LUTZ	DONALD H. LUTZ
Street Address: 330 OLNEY ARNOLD RD	Street Address: 153 TOBIE AV
City: CRANSTON State: RI Zip: 02921	City: PAWTUCKET State: RI Zip: 02861
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED: 100	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
	100		0

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: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 21 2016
BY KL 9971

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.

Donald N. Lutz — Signature of Authorized Representative — 3/16/16 Date

DONALD N. LUTZ — Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

134246-30-1117766