



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. 105928		2. Exact name of the Corporation LUTZ AIR CO., INC.	
3. Principal office address 66 TAYLOR DR		City RUMFORD	State RI
4. Business Phone No. (401) 431-1000		Zip 02916	5. State of Incorporation RI
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 DONALD N. LUTZ		Vice-President Name DONALD H. LUTZ	
Street Address 330 OLNEY ARNOLD RD		Street Address 153 TOBIE AVE	
City CRANSTON	State RI	City PAWTUCKET	State RI
Zip 02921		Zip 02861	
Secretary Name DONALD N. LUTZ		Treasurer Name DONALD H. LUTZ	
Street Address 330 OLNEY ARNOLD RD		Street Address 153 TOBIE AVE	
City CRANSTON	State RI	City PAWTUCKET	State RI
Zip 02921		Zip 02861	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
Director Name DONALD N. LUTZ		Director Name DONALD H. LUTZ	
Street Address 330 OLNEY ARNOLD RD		Street Address 153 TOBIE AVE	
City CRANSTON	State RI	City PAWTUCKET	State RI
Zip 02921		Zip 02861	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 100	CLASS/SERIES PAR VALUE 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:

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.

FILED

Signature of Authorized Representative

Date

FOR SECRETARY OF STATE USE ONLY

MAR 21 2016

Print or Type Name of Authorized Representative

BY

KL 9971