



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 25077		2. Exact name of the Corporation Luther's Repair Shop, Inc.		
3. Principal Office Address 500 Wood Street		City Bristol	State RI	Zip 02809
4. NAICS Code 81 - Other Services (except Pub	6. Brief description of the character of business conducted in Rhode Island Welding			
5. State of Incorporation Rhode Island				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Francis Luther, Jr.		Vice-President Name Deborah Luther		
Street Address 38 Division Street		Street Address 38 Division Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI
Secretary Name Ronald Gamon		Treasurer Name Deborah Luther		
Street Address 9 Ursula Drive		Street Address 38 Division Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name Michael Luther		Director Name Jennifer Luther		
Street Address C/O 38 Division Street		Street Address 5 Carr Lane		
City Bristol	State RI	Zip 02809	City Bristol	State RI
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
		NUMBER OF SHARES 75	CLASS/SERIES Common	PAR VALUE No Par
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 Deborah Luther			Date 2/24/17	
Signature of Authorized Representative <i>Deborah Luther</i>				

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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