



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

STAMP

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.

FOR

1. Entity ID Number 24983	2. Exact name of the Corporation LUMB MOTORS, INC.
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3. Principal Office Address 180 Broadway	City Pawtucket	State RI	Zip 02861
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4. NAICS Code 53 - Real Estate and Rental and	6. Brief description of the character of business conducted in Rhode Island Rent motor vehicles of every description
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 Frank A. Medeiros			Vice-President Name		
Street Address 180 Broadway			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Steven M. McInnis			Treasurer Name Frank A. Medeiros		
Street Address 38 Bellevue Avenue, Suite H			Street Address 180 Broadway		
City Newport	State RI	Zip 02840	City Pawtucket	State RI	Zip 02861

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Frank A. Medeiros			Director Name		
Street Address 180 Broadway			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized 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	CLASS/SERIES	PAR VALUE
	300	Common	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 Frank A. Medeiros	Date <i>May 8, 2017</i>
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Signature of Authorized Representative <i>Frank A. Medeiros</i>	FILED SIGN DOCUMENT HERE
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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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FORM 650 - Revised: 10/2016