RI SOS Filing Number: 201859070570 Date: 2/23/2018 4:00:00 PM

State of Rhode sland and Department of Sta			ivision			
Annual Report for the year Corporation / → Filing period: January 1 - M	2010		-			
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe		led by April 1.				
1. Entity ID Number 000016366	2. Exact name of the Corporation Helcar, Inc.					
3. Principal Office Address 450 Pavilion Avenue			City Warwick		State RI	Zip 02888
4. NAICS Code	AICS Code 6. Brief description of the character			onducted in Rhode Isla	and	
53 - Real Estate, Rental, Lease	Deal in Real Property					
State of Incorporation RI	531390					
7. List ALL officers (names and add	resses)			Check th	e box to in	ndicate an attachment 🔲
President Name Armand T. Lusi	Vice-President Name Leslie A. Lusi					
Street Address 120 Spencer Avenue			Street Address 120 Spencer Avenue			
City Warwick	State Ri	^{Zip} 02818	City Warwick		State RI	^{Zip} 02818
Secretary Name Leslie A. Lusi	Treasurer Name Armand T. Lusi					
Street Address 120 Spencer Avenu			Street Address	120 Spencer Avenue		
City Warwick	State RI	^{Zip} 02818	City Warwick		State RI	^{Zip} 02818
8. List ALL directors (names and ac	dresses)			Check th	e box to ii	ndicate an attachment
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
Director Name	·# · · · · · · · · · · · · · · · · · ·	. 	Director Name			
Street Address	Street Address					
City	State	Zip	City		State	Zip
9. Shares Authorized		10. Shares Issue	10. Shares Issued Check			ndicate an attachment 🔲
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES 500		CLASS/SERIES Common Class	A	PAR VALUE No Par
		5000		Common Class	В	No Par
11. This report must be executed o					tion is in t	the hands of a receiver or
trustee, this report must be execute Under penalty of perjury, I declar	re and affirm tha	t i have examined	d this report, ir		anying s	chedules and
statements, and that all statements Name of Authorized Representative	Anu acr	Date				
Armand T. Lusi					02/12/18	
Signature of Authorized Represent	ative	1	on v fog o	FILED		
L						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 2 3 2018

BY 51018

FORM 630 - Revised: 10/2017