



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

Annual Report for the year: 2018
Corporation

STAMP

FOR

- 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 24983		2. Exact name of the Corporation LUMB MOTORS, INC.			
3. Principal Office Address 180 Broadway		City Pawtucket		State RI	Zip 02861
4. NAICS Code 532111		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		10. Shares issued 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.		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 4-6-2018
Signature of Authorized Representative <i>Frank A. Medeiros</i>					SIGN DOCUMENT HERE

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

FILED *or*

APR 17 2018

FORM 630 - Revised: 10/2017

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