



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

STAMP

Annual Report for the year: 2019
 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
 THE STATE OF RHODE ISLAND
 USE ONLY

1. Entity ID Number <u>000082650</u>		2. Exact name of the Corporation <u>Lucios Auto Sales Service Inc.</u>	
3. Principal Office Address <u>337 Admiral Street</u>		City <u>Prov.</u>	State <u>R.I.</u>
4. NAICS Code <u>44120</u>		6. Brief description of the character of business conducted in Rhode Island <u>Mechanic - Auto Sales Works</u>	
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Luico Barone</u>		Vice-President Name <u>Marisa Barone</u>	
Street Address <u>36 Christopher St.</u>		Street Address <u>36 Christopher St.</u>	
City <u>Prov.</u>	State <u>R.I.</u>	City <u>Prov</u>	State <u>R.I.</u>
Zip <u>02904</u>		Zip <u>02904</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		<u>1,000.00</u>	<u>NONE</u>
			<u>No Par Value</u>
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 <u>Lucio Barone</u>			Date <u>2/11/19</u>
Signature of Authorized Representative <u>[Signature]</u>			

SIGN DOCUMENT **FILED**

FEB 11 2019

BY [Signature]