



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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 SECRETARY OF STATE
 CORPORATION DIVISION
 2019 FEB 21 AM 9:16
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1. Entity ID Number <u>000920017</u>		2. Exact name of the Corporation <u>Linds custom Reconditioning Inc.</u>	
3. Principal Office Address <u>3 Elm St, 2nd Floor</u>		City <u>Cumberland</u>	State <u>RI</u>
4. NAICS Code <u>811192</u>		6. Brief description of the character of business conducted in Rhode Island <u>Auto Reconditioning and Car wash</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Romulo Sanchez</u>		Vice-President Name <u>none</u>	
Street Address <u>3 Elm St</u>		Street Address <u>none</u>	
City <u>Cumberland</u>	State <u>RI</u>	City <u>Cumberland</u>	State <u>RI</u>
Secretary Name <u>none</u>		Treasurer Name <u>Jessica P. Sanchez</u>	
Street Address <u>none</u>		Street Address <u>3 Elm St</u>	
City <u>Cumberland</u>	State <u>RI</u>	City <u>Cumberland</u>	State <u>RI</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>none</u>		Director Name <u>none</u>	
Street Address <u>none</u>		Street Address <u>none</u>	
City <u>Cumberland</u>	State <u>RI</u>	City <u>Cumberland</u>	State <u>RI</u>
Director Name <u>none</u>		Director Name <u>none</u>	
Street Address <u>none</u>		Street Address <u>none</u>	
City <u>Cumberland</u>	State <u>RI</u>	City <u>Cumberland</u>	State <u>RI</u>
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES <u>6,500</u>	CLASS/SERIES <u>0.01</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>Romulo A Sanchez</u>		Date <u>2-21-2019</u>	
Signature of Authorized Representative <u>Romulo A Sanchez</u>		FILED	

 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 630 - Revised: 10/2017