



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.

FILED

FEB 27 2019

STAMP

BY 1811 DS FOR

1. Entity ID Number 000024983		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 Steven M. McInnis								
Street Address 180 Broadway			Street Address 38 Bellevue Avenue, Suite H								
City Pawtucket	State RI	Zip 02861	City Newport	State RI	Zip 02840						
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"/>								
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">NUMBER OF SHARES</th> <th style="text-align: center;">CLASS/SERIES</th> <th style="text-align: center;">PAR VALUE</th> </tr> <tr> <td style="text-align: center;">300</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">No Par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	Common	No Par
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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 Jan 24, 2019							
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