



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

Annual Report for the year: 2020
 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 STAMP
 JAN 27 2020
 BY 2020S9 OS

1. Entity ID Number 000025077		2. Exact name of the Corporation Luther's Repair Shop, Inc.			
3. Principal Office Address 500 Wood Street		City Bristol		State RI	Zip 02809
4. NAICS Code 238190 - Other foundation, stru		6. Brief description of the character of business conducted in Rhode Island Welding			
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 Francis Luther, Jr.			Vice-President Name Deborah Luther		
Street Address 38 Division Street			Street Address 38 Division Street		
City Bristol		State RI	Zip 02809	City Bristol	
Secretary Name Ronald Gagnon			Treasurer Name Deborah Luther		
Street Address 9 Ursula Drive			Street Address 38 Division Street		
City Bristol		State RI	Zip 02809	City Bristol	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Luther			Director Name Jennifer Joubert		
Street Address C/O 38 Division Street			Street Address 12 Cliff Drive		
City Bristol		State RI	Zip 02809	City Bristol	
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City		State	Zip	City	
9. Shares Authorized 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
			75	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 Deborah Luther				Date 1/13/2020	
Signature of Authorized Representative <i>Deborah Luther</i>			SIGN DOCUMENT HERE		

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