



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**

FEB 24 2020

5888

1. Entity ID Number 000016366		2. Exact name of the Corporation Helcar, Inc.				
3. Principal Office Address 450 Pavilion Avenue			City Warwick	State RI	Zip 02888	
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Deal in real Property				
5. State of Incorporation RI						
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
President Name Armand T. Lusi			Vice-President Name Leslie A. Lusi			
Street Address 120 Spencer Avenue			Street Address 120 Spencer Avenue			
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818	
Secretary Name Leslie A. Lusi			Treasurer Name Armand T. Lusi			
Street Address 120 Spencer Avenue			Street Address 120 Spencer Avenue			
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		500	Common Class A		No Par	
		5000	Common Class B		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. <b>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.</b>						
Name of Authorized Representative Armand T. Lusi				Date 02/18/20		
Signature of Authorized Representative <i>[Signature]</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