



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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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			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
			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. 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 Armand T. Lusi				Date 02/18/20	
Signature of Authorized Representative					
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

FORM 630 - Revised: 10/2017