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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.

1. Entity ID Number	2. Exact name of the Corporation			
000920017	Lino's Custom Reconditioning INC.			
3. Principal Office Address		City	State	Zip
3 Elm S.t. 2nd Floor		cumberland	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
811192				
5. State of Incorporation	Auto Reconditioning and car wash			
R.I.				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Romulo Sanchez			none		
Street Address			Street Address		
3 Elm S.t.			none		
City	State	Zip	City	State	Zip
cumberland	RI	02864			
Secretary Name			Treasurer Name		
none			none		
Street Address			Street Address		
none					
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
none			none		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip
Director Name			Director Name		
none			none		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,500		0.0

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	Date
Romulo A Sanchez	2-26-2020
Signature of Authorized Representative	FILED
Romulo A Sanchez	FEB 26 2020

BY 1399

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: 02/2017