



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

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R.I. DEPT. OF STATE
BUS SVCS DIV

2020 FEB 26 A 8:52

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 <u>000920017</u>		2. Exact name of the Corporation <u>Lino's Custom Reconditioning INC.</u>			
3. Principal Office Address <u>3 Elm St. 2nd floor</u>			City <u>cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
4. NAICS Code <u>811192</u>		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation <u>R.I.</u>		<u>Auto Reconditioning and car wash</u>			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Romulo Sanchez</u>			Vice-President Name <u>none</u>		
Street Address <u>3 Elm St.</u>			Street Address <u>none</u>		
City <u>cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City	State	Zip
Secretary Name <u>none</u>			Treasurer Name <u>none</u>		
Street Address <u>none</u>			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>none</u>			Director Name <u>none</u>		
Street Address <u>none</u>			Street Address <u>none</u>		
City	State	Zip	City	State	Zip
Director Name <u>none</u>			Director Name <u>none</u>		
Street Address <u>none</u>			Street Address <u>none</u>		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>1,500</u>			<u>0.0</u>
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 <u>Romulo A Sanchez</u>					Date <u>2-26-2020</u>
Signature of Authorized Representative <u>Romulo A Sanchez</u> FILED					

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