



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

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Annual Report for the year: 2020

2020 MAR 10 A 11:48

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 000148148		2. Exact name of the Corporation Lustig, Glaser & Wilson, P.C.							
3. Principal Office Address P.O. Box 56				City Newton		State MA		Zip 02464	
4. NAICS Code 54110 54 - Professional, Scientific, and		6. Brief description of the character of business conducted in Rhode Island The corporation was, until December 2018, engaged in the general practice of law (with a concentration in collection law). The firm no longer transacts business in Rhode Island.							
5. State of Incorporation Massachusetts									
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
President Name Kenneth C. Wilson				Vice-President Name					
Street Address P.O. Box 56				Street Address					
City Newton		State MA		Zip 02464		City		State MA	
Secretary Name Ronald E. Lustig				Treasurer Name Ronald E. Lustig					
Street Address P.O. Box 56				Street Address P.O. Box 56					
City Newton		State MA		Zip 02464		City Newton		State MA	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
Director Name Kenneth C. Wilson				Director Name Ronald E. Lustig					
Street Address P.O. Box 56				Street Address P.O. Box 56					
City Newton		State MA		Zip 02464		City Newton		State MA	
Director Name				Director Name					
Street Address				Street Address					
City		State		Zip		City		State	
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	
				982		n/a		\$ 0.00	
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 Ronald E. Lustig, Secretary						Date March 10, 2020			
Signature of Authorized Representative <i>[Signature]</i> Secretary						<div style="text-align: center;"> FILED MAR 10 2020 </div>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov

BY *[Signature]* **T8D4H** **11:4950**