



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

Annual Report for the year: 2019
Corporation

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 BUS SVCS DIV

2020 MAR 10 A 11:48

- 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 541110 54 - Professional, Scientific, an		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	Zip
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	Zip 02464
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	Zip 02464
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
		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 				FILED	

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

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