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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation2019

→ 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>25129</u>		2. Exact name of the Corporation <u>LUXURY CLEANERS INC.</u>	
3. Principal Office Address <u>610 SMITHFIELD AVE.</u>		City <u>LINCOLN</u>	State <u>R.I.</u>
		Zip <u>02865</u>	
4. NAICS Code <u>812320</u>	6. Brief description of the character of business conducted in Rhode Island <u>GENERAL CLOTHES CLEANING AND RELATED SERVICES</u>		
5. State of Incorporation <u>RHODE ISLAND</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>CHARLES LOMBARDE JR.</u>		Vice-President Name <u>TERRA LOMBARDE FERRARA</u>	
Street Address <u>610 SMITHFIELD AVE.</u>		Street Address <u>610 SMITHFIELD AVE.</u>	
City <u>LINCOLN</u>	State <u>R.I.</u>	City <u>LINCOLN</u>	State <u>R.I.</u>
Zip <u>02865</u>		Zip <u>02865</u>	
Secretary Name <u>CHARLES LOMBARDE</u>		Treasurer Name <u>TERRA LOMBARDE FERRARA</u>	
Street Address <u>610 SMITHFIELD AVE.</u>		Street Address <u>610 SMITHFIELD AVE.</u>	
City <u>LINCOLN</u>	State <u>R.I.</u>	City <u>LINCOLN</u>	State <u>R.I.</u>
Zip <u>02865</u>		Zip <u>02865</u>	
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		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>none</u>	CLASS/SERIES PAR VALUE
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>CHARLES LOMBARDE JR.</u>		Date <u>4-16-2019</u>	
Signature of Authorized Representative <u>[Signature]</u>		SIGN DOCUMENT HERE <u>✓</u>	

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

FILED

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BY CH DBHDP

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FORM 630 - Revised: 10/2017