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

Annual Report for the year: 2019
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 25129		2. Exact name of the Corporation LUXURY CLEANERS INC.			
3. Principal Office Address 610 SMITHFIELD AVE.		City LINCOLN		State R.I.	Zip 02865
4. NAICS Code 812320		6. Brief description of the character of business conducted in Rhode Island GENERAL CLOTHES CLEANING AND RELATED SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHARLES LOMBARDETTI JR.			Vice-President Name TARA LOMBARDETTI FERRARA		
Street Address 610 SMITHFIELD AVE.			Street Address 610 SMITHFIELD AVE.		
City LINCOLN	State R.I.	Zip 02865	City LINCOLN	State R.I.	Zip 02865
Secretary Name CHARLES LOMBARDETTI			Treasurer Name TARA LOMBARDETTI FERRARA		
Street Address 610 SMITHFIELD AVE.			Street Address 610 SMITHFIELD AVE.		
City LINCOLN	State R.I.	Zip 02865	City LINCOLN	State R.I.	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			none		
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 CHARLES LOMBARDETTI JR.				Date 4-16-2019	
Signature of Authorized Representative <i>[Signature]</i>				SIGNATURE DATE <input checked="" type="checkbox"/>	

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 *[Signature]*
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FORM 630 - Revised: 10/2017