



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.

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1. Entity ID Number 001663532		2. Exact name of the Corporation LUX G TRUCKING INC			
3. Principal Office Address 27 HARRISON ST			City PROVIDENCE	State RI	Zip 02909
4. NAICS Code 484110	6. Brief description of the character of business conducted in Rhode Island TRUCKING FOR HIRE				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name AGUSTIN LUX			Vice-President Name AGUSTIN LUX		
Street Address 27 HARRISON ST			Street Address 27 HARRISON ST		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name AGUSTIN LUX			Treasurer Name AGUSTIN LUX		
Street Address 27 HARRISON ST			Street Address 27 HARRISON ST		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name AGUSTINE LUX			Director Name		
Street Address 27 HARRISON ST			Street Address		
City PROVIDENCE	State RI	Zip 02909	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		
			PAR VALUE		
			0		
			CNP		
			0.000		
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 AGUSTIN LUX					Date 06/29/20
Signature of Authorized Representative <i>Agustin Lux</i>					SIGN DOCUMENT HERE

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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BY *Ch BSRM*

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FORM 630 - Revised: 10/2017