



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 17 2021

2021

Annual Report for the year: 2021

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

SY 2021

1. Entity ID Number 000025077		2. Exact name of the Corporation Luther's Repair Shop, Inc.			
3. Principal Office Address 500 Wood Street			City Bristol	State RI	Zip 02809
4. NAICS Code 238190 - Other foundation,		6. Brief description of the character of business conducted in Rhode Island Welding			
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 Francis Luther, Jr.			Vice-President Name Michael T. Luther		
Street Address 38 Division Street			Street Address 5 Third School Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Ronald Gamon			Treasurer Name Jennifer L. Joubert		
Street Address 9 Ursula Drive			Street Address 38 Division Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Michael T. Luther			Director Name Jennifer L. Joubert		
Street Address 5 Third School Street			Street Address 38 Division Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Francis Luther, Jr.			Director Name NONE		
Street Address 38 Division Street			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			75	Common	No Par
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 Jennifer L. Joubert					Date 2/5/2021
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov