RI SOS Filing Number: 202193565650 Date: 3/3/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1.			اسم. معاملينه				
			_	MAR 0 3 2021			
1. Entity ID Number	2. Exact nam	e of the Corporation	on .			· •	
000024983	Lumb Motor	rs, Inc.					
3. Principal Office Address			City		State	Zip	
180 Broadway			Pawtucket		RI	02861	
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island					
532111	Rent motor	Rent motor vehicles of every description					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names as	nd addresses)			Chec	the box to inc	ficate an attachment 🔲	
President Name Frank A. Medeiros			Vice-President Name				
Street Address 180 Broadway			Street Address				
City Pawtucket	State RI	Zip 02861	City		State	Zıp	
Secretary Name Steven M. McInnis			Treasurer Name Frank A. Medeiros				
Street Address Admiral's Gate	Tower, 221 Third S	t Suite 510	Street Address	s 180 Broadway			
City Newport	State RI	Zip 02840	City Pawtuck	cet	State R1	Zip 02861	
8. List ALL directors (names	and addresses)				the box to inc	dicate an attachment 🔲	
Director Name Frank A. Mede	eiros		Director Name	Steven M. McInnis			
Street Address 180 Broadway			Street Address	s Admiral's Gate To	wer, 221 Third	1 St., Suite 510	
City Pawtucket	State R1	Zip 02861	City Newport	t	State RI	Zip 02840	
Director Name	ne		Director Name			L	
Stree: Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Is			ck the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES PAR VALUE Common No Par		
		300	300			No Par	
11. This report must be executrustee, this report must be e					oration is in th	e hands of a receiver or	
Under penalty of perjury, I	declare and affirm	that I have examii	ned this report, i	ncluding any acco	mpanying sci	hedules and	
statements, and that all sta Name of Authorized Represe		herein are true a	nd correct.	·	Date (C		
Frank A. Medeiros	Frank 1	1 Mede	evros		Date Leb 2, 2021		
Signature of Authorized Repr	esentative	- 		······································	•		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov