State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2023

Corporation → Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25 00 fee if form is not filed by May 31.

FILED	
APR 03 2023	
ВУ	•

Entity ID Number	2. Exact name of	f the	Corporation				_					
001663532 LUX G TRUCKING INC												
3. Principal Office Address				City				State	Zip			
27 HARRISON ST			_ PROVIDENCE				RI	02909				
4 NAICS Code	6. Brief descripti	on o	f the character of busi	iness conducted in Rhode Island								
484120												
5. State of Incorporation												
RI	FREIGHT DELIVERY											
7 List ALL officers (names and									ate an attachment			
President Name	dent Name					Vice-President Name						
AUGUSTIN LUX GARCIA												
Street Address				Street Address								
27 HARRISON ST												
City	State	Zip		City			State		Zıp			
PROVIDENCE	RI	0	2909_									
Secretary Name	Treasurer Name											
Street Address				Street Address								
City	State	Zıp	<u>-</u>	City		-	State		Zip			
8. List ALL directors (names and	8. List ALL directors (names and addresses)  Check the box to indicate an attachment											
Director Name				Director Name								
Street Address				Street Address								
City	State	Zip	-	City			State		Zıp			
Director Name				Director Name								
Street Address				Street Address								
City	State	Zip		City		State		Zıp				
9. Shares Authorized			10. Shares Issued	<u> </u>		Che	eck the bo	ox to indic	ate an attachment			
This information is currently of record in the Department of State.			NUMBER OF SE						PAR VALUE			
			100	CNP								
Changes require an additional filling.					<u> </u>		<u> </u>		_			
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								Date	3/10/23.			
Signature of Authorized Representative												
AGUSTIN LUX GARCIA ?												

## MAIL TO:

**Division of Business Services** 

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

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