



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FILED

MAY 18 2023

BY *[Handwritten Signature]*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000024983		2. Exact name of the Corporation Lumb Motors, Inc.			
3. Principal Office Address 180 Broadway			City Pawtucket	State RI	Zip 02861
4. NAICS Code 532111		6. Brief description of the character of business conducted in Rhode Island Rent motor vehicles of every description			
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 Frank A. Medeiros			Vice-President Name		
Street Address 180 Broadway			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Steven M. McInnis			Treasurer Name Frank A. Medeiros		
Street Address Admiral's Gate, 221 Third St., Suite 510			Street Address 180 Broadway		
City Newport	State RI	Zip 02840	City Pawtucket	State RI	Zip 02861
8 List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Frank A. Medeiros			Director Name Steven M. McInnis		
Street Address 180 Broadway			Street Address Admiral's Gate, 221 Third St., Suite 510		
City Pawtucket	State RI	Zip 02861	City Newport	State RI	Zip 02840
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300		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 Frank A. Medeiros					Date 5-9-2023
Signature of Authorized Representative <i>Frank A. Medeiros Pres.</i>					