



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 OCT -6 P 1:11

1. Entity ID Number <u>000105928</u>		2. Exact name of the Corporation <u>LUTZ AIR CO. INC.</u>			
3. Principal Office Address <u>66 TAYLOR DR.</u>			City <u>RUMFORD</u>	State <u>RI</u>	Zip <u>02916</u>
4. NAICS Code <u>238220</u> 000105928		6. Brief description of the character of business conducted in Rhode Island <u>SALES + SERVICE OF HEATING + AIR CONDITIONING</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>DONALD LUTZ</u>			Vice-President Name		
Street Address <u>330 OLNEY ARNOLD RD</u>			Street Address		
City <u>CRAVSTON</u>	State <u>RI</u>	Zip <u>02921</u>	City	State	Zip
Secretary Name <u>LYNDA ARTESANI</u>			Treasurer Name		
Street Address <u>19901 CHAPEL TRACE</u>			Street Address		
City <u>ESTERO</u>	State <u>FL</u>	Zip <u>33928</u>	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>N/A</u>			Director Name		
Street Address			Street Address		
City	State	Zip	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	
		<u>100.00</u>	<u>STK</u>	<u>\$0.00</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 <u>DONALD LUTZ</u>				Date <u>10/6/23</u>	
Signature of Authorized Representative <u>Donald Lutz</u>				FILED	

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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