



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

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R.I. DEPT. OF STATE
BUS. SERVICES

1. Entity ID Number <u>000082650</u>		2. Exact name of the Corporation <u>LUCIOS AUTO SALES & SERVICE INC.</u>	
3. Principal Office Address <u>337 A DANA ST.</u>		City <u>Pro</u>	State <u>RI</u>
		Zip <u>02908</u>	
4. NAICS Code <u>44120</u>	5. Brief description of the character of business conducted in Rhode Island <u>AUTO REPR. ACI SALES</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>LUC B. BARON</u>		Vice-President Name	
Street Address <u>36 PHILISTOPH FRI</u>		Street Address	
City <u>Pro</u>	State <u>RI</u>	Zip <u>02908</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>NONE</u>		Director Name	
Street Address <u>NONE</u>		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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.		NUMBER OF SHARES <u>1.000</u>	CLASS/SERIES <u>OWP</u>
Changes require an additional filing.		PAR VALUE <u>0</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>LUC B. BARON</u>		Date <u>1/26/24</u>	
Signature of Authorized Representative <u>[Signature]</u>		FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

JAN 26 2024

BY WTPad

FORM 630- Revised 12/2023