



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 25049		2. Exact name of the Corporation LUSO AUTO BODY & REPAIRS, INC.		
3. Principal office address 144 BROAD STREET		City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 4017282760		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island auto body shop				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name FERNANDO ALMEIDA		Vice-President Name FERNANDO ALMEIDA		
Street Address 144 BROAD STREET		Street Address 144 BROAD STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI
Secretary Name MARIA C. ALMEIDA		Treasurer Name FERNANDO ALMEIDA		
Street Address 144 BROAD STREET		Street Address 144 BROAD STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name FERNANDO ALMEIDA		Director Name NONE		
Street Address 144 BROAD STREET		Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
20		COMMON		NO PAR VALUE

SECRETARY OF STATE
 CORPORATIONS DIV
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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.

File Date _____

Check No _____

By: _____

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.

Signature of Authorized Representative _____ Date _____

FOR SECRETARY OF STATE USE ONLY

MAR 14 2013

FERNANDO ALMEIDA
 Print or Type Name of Authorized Representative

BY 02192742

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