



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 158566		2. Exact name of the limited liability company Luxury Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Realstate	
5. Principal office address 400 PUTNAM PIKE		City SMITHFIELD	State RI
		Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name LOUIS LAFARZIA		Contact Title OWNER	
Street Address 400 PUTNAM PIKE		City SMITHFIELD	State RI
		Zip 02917	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name LOUIS LAFARZIA		Manager Name	
Street Address 400 PUTNAM PIKE		Street Address	
City SMITHFIELD	State RI	City	State
Zip 02917		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name K. JOSEPH SHEKARCHI, ESQ.		Address	
Address 33 COLLEGE HILL ROAD, SUITE 15-E		City WARWICK	Zip 02886-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED

SEP 12 2007

By **036557**

9:53

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 Person

9/4/07
Date

LOUIS LAFARZIA
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____

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