



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 143534		2. Name of Corporation Luce, Inc.			
3. Street Address Principal Business Office 2317 West Shore Road			City Warwick	State RI	Zip 02889
4. Business Phone No. (401) 742-9999		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island RESTAURANT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Walrond			Vice President Name Romeo Morales		
Street Address 67 Shannon Drive			Street Address 31 Georgia Avenue		
City Warwick	State RI	Zip 02889	City Providence	State RI	Zip 02905
Secretary Name Romeo Morales			Treasurer Name John Walrond		
Street Address 31 Georgia Avenue			Street Address 67 Shannon Drive		
City Providence	State RI	Zip 02905	City Warwick	State RI	Zip 02889
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John Walrond			Director Name Romeo Morales		
Street Address 67 Shannon Drive			Street Address 31 Georgia Avenue		
City Warwick	State RI	Zip 02889	City Providence	State RI	Zip 02905
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 no par value			8,000	common	no par value
			THIS SECTION MUST BE COMPLETED		

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.

FILED
File Date **DEC 11 2007**
Check No. **By 044223**
By: **2:22**
FOR SECRETARY OF STATE USE ONLY

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 **John Walrond** Date **12/5/07**
Print or Type Name **Paes**
Title