



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

[LOGOUT](#)

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1



Help with this form

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.

**ANNUAL REPORT YEAR:**

**1. ID No.**

**2. Exact Name of the Limited Liability Company**

**3. State of Formation**

State:

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

**FILED**  
SEP 07 2010

**5. Principal Office Address**

No. and Street:

City or Town:

State:

Zip:

Country:

By: *[Signature]*

*CR # 832*

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name:

Contact Title:

No. and Street:

City or Town:

State:

Zip:

Country:

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

*Nancy Fernandez Luna*

**DO NOT LIST MEMBERS**

First Name:  Middle Name:  Last Name:  Suffix:   
 Address:  City:  State:  Zip:  Country:

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
 Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ANTONIO A. LUNA 389 ADMIRAL STREET PROVIDENCE , RI 02908

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

**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: Antonio Luna  
 Business Name: Envios Luna Multi Serv.  
 No. and Street: 389 Admiral St - Same Address as -   
 City or Town: Providence RI State: RI Zip: 02908 Country: USA  
 Contact Phone: 401 3315019 ext:   
 Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 2 Day of September, 2010 at 11:50:04 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By [Signature]  
 Signature of Authorized Person

**FILED**

**SEP 07 2010**

By [Signature]  
LD # 322998

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this

Accept  Decline