



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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. 509284		2. Name of Corporation Luk Bakery TNC	
3. Street Address Principal Business Office 172 Front St		City Lincoln	State RI
4. Business Phone No. (401) 729-1931		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island To conduct business as a Bakery / Coffee Shop.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Muhammad Kouki		Vice President Name Samer Asstafan	
Street Address 37 Hollis St.		Street Address 37 Hollis St.	
City Woonsocket	State RI	Zip 02895	City Woonsocket
Secretary Name Samer Asstafan	Treasurer Name Muhammad Kouki		Zip 02895
Street Address 37 Hollis St.		Street Address 37 Hollis St.	
City Woonsocket	State RI	Zip 02895	City Woonsocket
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name NONE		Director Name NONE	
Street Address NONE		Street Address NONE	
City NONE	State NONE	Zip NONE	City NONE
Director Name NONE	Director Name NONE		Zip NONE
Street Address NONE		Street Address NONE	
City NONE	State NONE	Zip NONE	City NONE
9. SHARES AUTHORIZED			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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 10,000	Class/Series STK
		Par Value .0100	
		NONE	NONE
		NONE	NONE

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 **MAR 21 2011**

Check No. **By MNC**

By: **1373**

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 **Samer Asstafan** Date **3/17/11**

Print or Type Name **SAMER A. STAFAN**

Title **V.P.**