



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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • Filing Fees \$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-d)) is subject to a penalty fee of \$25.00.

1. ID No. 634562		2. Exact name of the limited liability company Lucky 7, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Buying, selling and management of real estate	
5. Principal office address PO Box 295		City Pascoag	State RI
			Zip 02859
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Gregory Degnan		Contact Title Member	
Street Address PO Box 295		City Pascoag	State RI
			Zip 02859
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) <input type="checkbox"/>			
Manager Name Gregory Degnan		Manager Name	
Street Address PO Box 295		Street Address	
City Pascoag	State RI	City	State
Zip 02859			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 Paul DeMarco, Esq.		Address	
Address 620 Main Street		City East Greenwich	Zip 02818

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

634562

FILED	
File Date	DEC 21 2012
Check No.	A-186055
BY	
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 of Authorized Person

Date

Gregory Degnan

Print or Type Name of Authorized Person

Form 632 Rev. 07/07