

Amended Annual Report for the year of 2012



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Amended **LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>522414</u>		2. Exact name of the limited liability company <u>Luxus Marble and Granite LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>install, templating & fabrication of Natural Stone.</u>			
5. Principal office address <u>1515 Elmwood Ave</u>		City <u>Cranston</u>		State <u>RI</u>	Zip <u>02910</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Ricardo Pinto</u>			Contact Title <u>Owner</u>		
Street Address <u>1515 Elmwood Ave</u>		City <u>Cranston</u>		State <u>RI</u>	Zip <u>02910</u>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>Chaen De Oliveira</u>			Manager Name <u>Ricardo Pinto</u>		
Street Address <u>1515 Elmwood Ave</u>			Street Address <u>1515 Elmwood Ave</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

Adriane Brousseau is not an officer
she is a salesperson

FILED

FEB 04 2013

File Date _____

Check No. BY gmd 12/46

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

Ricardo Pinto
Print or Type Name of Authorized Person

01-30-13

01-30-13



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

Secretary of State

