



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
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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. 141451		2. Exact name of the limited liability company LUCKY RIDGE CO., LLC			
3. State of Formation NH		4. Brief description of the character of business conducted in Rhode Island FOOD SERVICE			
5. Principal office address 3 FERRY WHARF			City JAMESTOWN	State RI	Zip 02835
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MICHAEL RIDGE			Contact Title MANAGER		
Street Address 131 P.W. HWY. # 455			City NASHUA	State NH	Zip 03060
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 MICHAEL RIDGE			Manager Name		
Street Address 74 LARCH ST.			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
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.					

FILED

DEC 30 2013

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29-213831

DEC 30 PM 1:02

File Date _____
 Check No _____
 By: _____

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] 12/20/13
 Signature of Authorized Person Date
 MICHAEL RIDGE
 Print or Type Name of Authorized Person

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