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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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
52002	**LITTLE LUCY'S LUNCH, INC.**

3. Principal office address	City	State	Zip
22 Waterman Street	**East Providence**	**RI**	**02914**

4. Business Phone No.	5. State of Incorporation
(401) 438-3899	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
Restaurant and food service

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) X BOX FOR ATTACHMENT ☐

President Name	Vice-President Name
Manuel E. Sousa	**Lucia Sousa (DaSilva)**
Street Address: **29 Walker Street**	Street Address: **29 Walker Street**
City: **Seekonk** State: **MA** Zip: **02771**	City: **Seekonk** State: **MA** Zip: **02771**
Secretary Name: **Manuel E. Sousa**	Treasurer Name: **Lucia Sousa (DaSilva)**
Street Address: **29 Walker Street**	Street Address: **29 Walker Street**
City: **Seekonk** State: **MA** Zip: **02771**	City: **Seekonk** State: **MA** Zip: **02771**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) X BOX FOR ATTACHMENT ☐

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED X BOX FOR ATTACHMENT ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	No Par Value

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.

11. FOR SECRETARY OF STATE USE ONLY

FILED
FEB 11 2014
BY 2883

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.

Manuel E Sousa 1-28-14
Signature of Authorized Representative Date

Manuel E. Sousa, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
102714-29-942650