

## 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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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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.		me of the limited liabilit	y company			
000154937	Lurgio li	mports L.L.C.				
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island			· · · · · · · · · · · · · · · · · · ·	
RI	IMPORT	IMPORTER - WHOLESALER - RETAILER				
5. Principal office address 134 PRESERVATION WAY			City SOUTH KINGSTOWN	State <b>RI</b>	Zip <b>02879</b>	
6. MAILING ADDRESS OF LIN	ITED LIABILI	TY COMPANY AND NA	ME OR TITLE OF CONTACT PERSO	N:		
Contact Name DENNIS J LURGIO			Contact Title MANAGER			
Street Address P.O. BOX 417			City NARRAGANSETT	State RI	Zip <b>02882</b>	
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHMEN		PRESSES) OF THE LI	MITED LIABILITY COMPANY, IF APPL	ICABLE - DO	NOT LIST MEMBERS	
Manager Name DENNIS J LURGIO			Manager Name			
			1			
Street Address 134 PRESERVATION W	'AY		Street Address			
134 PRESERVATION W	State	Zip 02879	Street Address City	State	Zip	
134 PRESERVATION W City SOUTH KINGSTOWN	State	Zip <b>02879</b>		State	Zip	
134 PRESERVATION W City SOUTH KINGSTOWN Manager Name	State	Zip 02879	City	State	Zip	
134 PRESERVATION W City SOUTH KINGSTOWN Manager Name Street Address	State	Zip 02879	City  Manager Name	State	Zip Zip	
Street Address 134 PRESERVATION W City SOUTH KINGSTOWN Manager Name Street Address City B. RESIDENT AGENT IN RHOD	State RI State		City  Manager Name  Street Address			

FILED

AUG 2 9 2014

	Under penalty of perjury, I declare and affirm that I have examined		
File Date	this report, including any accompanying schedules and statements,		
	and that all statements contained herein are true and correct.		
Check No	Danni & Luign 8/28/201		
By:	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	Dennis J. Lureio		
	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012