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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

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.	2. Exact name of the limited liability company		
000139648	Luca Construction LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RI	Construction		
5. Principal office address	City	State	Zip
16 Spur Road	Foster	RI	02825

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Filomena Johnston	manager/owner		
Street Address	City	State	Zip
16 Spur Road	Foster	RI	02825

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Filomena Johnston	
Street Address	Street Address
16 Spur Rd	
City / State / Zip	City / State / Zip
Foster / RI / 02825	
Manager Name	Manager Name
(same as above)	
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.

2014 DEC 22 AM 10:54
SECRETARY OF STATE
CORPORATIONS DIV.

FILED
DEC 22 2014
By 238997
A.A. 10:57 A.M.

File Date _____
Check No _____
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.

Filomena Johnston 12/22/14
Signature of Authorized Person Date

Filomena Johnston
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
114952-5-1000640