



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. <u>870002</u>		2. Exact name of the limited liability company <u>Lucinda S INC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>SNACK DELIVERY</u>			
5. Principal office address <u>315 PRINCESS AVE</u>		City <u>CRANSTON</u>		State <u>RI</u>	Zip <u>02920</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Lucinda Sanchez</u>		Contact Title <u>OWNER</u>			
Street Address <u>315 PRINCESS AVE</u>		City <u>CRANSTON</u>		State <u>RI</u>	Zip <u>02920</u>
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		2015 JAN 14 AM 11:26	
Street Address		Street Address		SECRETARY OF STATE	
City	State	Zip	City	State	CORPORATIONS DIV
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	
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

JAN 14 2015

BY

HL 240219
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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

Print or Type Name of Authorized Person

File Date

Check No

By:

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