



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1660559		2. Exact name of the Corporation LRA Restaurants, Inc.	
3. Principal Office Address 535 Dexter Street		City Central Falls	State RI
		Zip 02863	
4. NAICS Code 72 - Accommodation and Food Services	6. Brief description of the character of business conducted in Rhode Island Restaurant		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses)			
President Name Louis R. Augusta		Vice-President Name <input type="checkbox"/> Check the box to indicate an attachment	
Street Address 16 Rachella Court		Street Address	
City East Providence	State RI	Zip 02914	City
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
		State	
		Zip	
8. List ALL directors (names and addresses)			
Director Name Louis R. Augusta		Director Name <input type="checkbox"/> Check the box to indicate an attachment	
Street Address 16 Rachella Court		Street Address	
City East Providence	State RI	Zip 02914	City
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 Department of State.		10. Shares Issued <input type="checkbox"/> Check the box to indicate an attachment	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		100	Common
			0.01
11. 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. 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.			
Name of Authorized Representative Louis R. Augusta			
Signature of Authorized Representative <i>Louis R. Augusta</i>			

FILED

1-19-17

JAN 23 2017

BY

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MAIL TO:
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