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

Annual Report for the year: __2014__
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number **000790492**	2. Exact name of the Limited Liability Company **Luigi Properties, LLC**			
3. NAICS Code **53 - Real Estate and Rental ar**	4. Brief description of the character of business conducted in Rhode Island **Real Estate Holding.**			
5. State of Formation **RI**				

6. Principal Office Address **36 Pine Hill Avenue**	City **Johnston**	State **RI**	Zip **02919**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **Luigi Micheli III**		Contact Title **Member**		
Street Address **36 Pine Hill Avenue**		City **Johnston**	State **RI**	Zip **02919**

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name **N/A**			Manager Name **N/A**		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name **N/A**			Manager Name **N/A**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

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 Person **Luigi Micheli III**	Date **07/26/2017**
Signature of Authorized Person SIGN DOCUMENT HERE	

FILED
JUL 27 2017   12:01
BY _____ 309130

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 632 - Revised: 02/2017