



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.

 RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

1. Entity ID Number <b>24923</b>		2. Exact name of the Corporation <b>F. LUCHESI REALTY CORP.</b>		2017 AUG 16 AM 10:47	
3. Principal Office Address <b>575 MAIN STREET</b>			City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
4. NAICS Code <b>53 - Real Estate and Rental and</b>	6. Brief description of the character of business conducted in Rhode Island <b>MANAGEMENT AND RENTAL OF REAL PROPERTY</b>				
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>FRED LUCHESI, JR.</b>			Vice-President Name <b>ROBERT DICKSON</b>		
Street Address <b>575 MAIN STREET</b>			Street Address <b>575 MAIN STREET</b>		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>FRED LUCHESI, JR.</b>			Treasurer Name <b>FRED LUCHESI, JR.</b>		
Street Address <b>575 MAIN STREET</b>			Street Address <b>575 MAIN STREET</b>		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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. <b>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.</b>					
Name of Authorized Representative <i>Robert Dickson</i>					Date <i>8/7/2017</i>
Signature of Authorized Representative <i>Robert Dickson</i>					

**FILED**

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

AUG 16 2017

BY *CU 310363*

FORM 630 - Revised: 02/2017