



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

Annual Report for the year: 2017  
**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.

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 BUS. SVCS. DIV.  
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|   |                      |   |                      |                         |     |
|---|----------------------|---|----------------------|-------------------------|-----|
| 1. Entity ID Number<br><b>791568</b>  |                      | 2. Exact name of the Limited Liability Company<br><b>Ristorante Lucia, LLC</b>                                |                      |                         |     |
| 3. NAICS Code<br><b>722511</b>  |                      | 4. Brief description of the character of business conducted in Rhode Island<br><b>Mexican food Restaurant</b> |                      |                         |     |
| 5. State of Formation<br><b>R.I.</b>  |                      |   |                      |                         |     |
| 6. Principal Office Address<br><b>154 Atwell's Ave</b>  |                      | City<br><b>Providence</b>   | State<br><b>R.I.</b> | Zip<br><b>02903</b>     |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                      |   |                      |                         |     |
| Contact Name<br><b>LUZ Chacon</b>   |                      | Contact Title   |                      |                         |     |
| Street Address<br><b>132 Putnam St</b>  |                      | City<br><b>Providence</b>   | State<br><b>R.I.</b> | Zip<br><b>02909</b>     |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |                      |   |                      |                         |     |
| Manager Name<br><b>LUZ Chacon</b>   |                      | Manager Name  |                      |                         |     |
| Street Address<br><b>132 Putnam St</b>  |                      | Street Address  |                      |                         |     |
| City<br><b>Providence</b>   | State<br><b>R.I.</b> | Zip<br><b>02909</b>   | City                 | State                   | Zip |
| Manager Name  |                      | Manager Name  |                      |                         |     |
| Street Address  |                      | Street Address  |                      |                         |     |
| City  | State                | Zip   | City                 | State                   | Zip |
| Check the box to indicate an attachment <input type="checkbox"/>  |                      |   |                      |                         |     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642  |                      |   |                      |                         |     |
| <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 Person<br><b>LUZ Chacon</b>  |                      |   |                      | Date<br><b>10/12/17</b> |     |
| Signature of Authorized Person<br><i>[Signature]</i> SIGN DOCUMENT HERE   |                      |   |                      |                         |     |

**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

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