RI SOS Filing Number: 201988303390 Date: 3/7/2019 4:00:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

2019 MAR -6 PM 4:08

1. Corporate ID No.	2. Name of Corporation
1678080	LUCIA'S KITCHEN AND BATH, INC. 238 350

3. Street Address Principal Business Office	City	State	Zip
770 MAIN ST, UNIT 1	WEST WARWICK	RI	02893

4. Business Phone No.	5. State of Incorporation
401-871-5045	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
KITCHEN AND BATH SUPPLIES

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7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
GIOVANNA RICCI	GIOVANNA RICCI
Street Address: 849 LATEN KNIGHT ROAD	Street Address: 849 LATEN KNIGHT ROAD
City: CRANSTON, State: RI, Zip: 02921	City: CRANSTON, State: RI, Zip: 02921
Secretary Name	**Treasurer Name**
GIOVANNA RICCI	GIOVANNA RICCI
Street Address: 849 LATEN KNIGHT ROAD	Street Address: 849 LATEN KNIGHT ROAD
City: CRANSTON, State: RI, Zip: 02921	City: CRANSTON, State: RI, Zip: 02921

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
GIOVANNA RICCI	
Street Address: 849 LATEN KNIGHT ROAD	Street Address:
City: CRANSTON, State: RI, Zip: 02921	City: , State: , Zip:
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 Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
2000	COMMON	NO PAR VALUE
THIS SECTION MUST BE COMPLETED		

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.

[redacted]

FILED
MAR 06 2019
BY

File Date _____
Check No. 4108
By: _____

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 *Date* 3/1/19

GIOVANNA RICCI
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 08/08