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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 OCT 28 AM 10: 14

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

4. Enth. ID North	lo. 5				
1. Entity ID Number	2. Exact name of the Limited Liability Company				
000139648	Luca construction LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
237/10					
5. State of Formation	1 (SONSTRI	uction		
<u>rt</u>					
6. Principal Office Address	. /		City	State	Zip
16 Soun nord			Fosten	NI	02825
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Feffrey J Soltwston			Contact Title W. Y.		
Street Address 16 Spun NoAd			city Foster		282825
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Filomen A Johnson			Manager Name		
Street Address 16 Spun nond			Street Address		
City Foster	State	zi82825	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
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 Date 10/28/19					
Signature of Authorized Ferson					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

OCT 28 2019

FORM 632 - Revised: 10/201