RI SOS Filing Number: 201927480630 Date: 11/12/2019 4:00:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division				F	FILED	
Annual Report for the Limited Liability Con → Filing period: Septen → Filing Fee: \$50.00 → Penalty: Additional \$2	mpany nber 1 - Novembe		mber 1.	BY	V 1 2 2019	
1. Entity ID Number 000791568		2. Exact name of the Limited Liability Company RISTORANTE LUCIA, LLC				
5. State of Formation RHODE ISLAND		ription of the chara	acter of business conducted in	Rhode Island		
6. Principal Office Address 154 ATWELLS AVENUE			City PROVIDENCE	State RI	Zip 02903	
7. Mailing Address of Limite	ed Liability Compan	y and Name or Tit	le of Contact Person			
Contact Name LUZ CHACON			Contact Title MANAGER			
Street Address 132 PUTNAN STREET			City PROVIDENCE	State RI	Zip 02903	
8. List ALL managers (nan	nes and addresses)	of the Limited Lia	bility Company, IF APPLICABI	E - DO NOT LIST	MEMBERS	
Manager Name LUZ CHACON			Manager Name			
Street Address 132 PUTNAN STREET			Street Address			
City PROVIDENCE	State RI	Zip 02903	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
	a laland. This inform	ation is currently of a	ecord with the Department of State	e. Changes require fili	ng Form 642.	

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

Name of Authorized Person

Signature of Authorized Person

LUZ CHACON

Date

10/31/2019