



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 139048		2. Exact name of the limited liability company. Luca Construction	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island sewer connections / site work	
5. Principal office address #80 P.O. Box 180		City Foster	State RI
		Zip 02825	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name Filomena Johnston		Contact Title	
Street Address 16 Spur Road		City Foster	State RI
		Zip 02825	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. FILL IN SPACES BEFORE USING ATTACHMENTS. () BY BOX FOR ATTACHMENT. ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-66 (b)(2) 7-16-52			
Manager Name Filomena Johnston		Manager Name	
Street Address 16 Spur Rd		Street Address	
City Foster	State RI	City	State
	Zip 02825		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 642. R.I.G.L. 7-16-66 (b)			
Agent Name Filomena Johnston		Address 16 Spur Road	
Address		City Foster RI	Zip 02825

RECEIVED
CORPORATIONS DIV
SECRETARY OF STATE
AUG - 4 PM 3: 41

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (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.

Filomena Johnston 8/4/06
Signature of Authorized Person Date
Filomena Piccolino-Johnston
Print or Type Name of Authorized Person

