



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

Annual Report for the year: 2021
Corporation

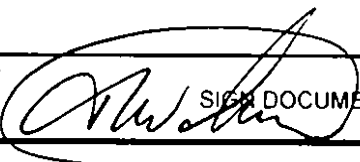
- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 05 2021

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1. Entity ID Number 143534		2. Exact name of the Corporation Lucce, Inc.			
3. Principal Office Address 2317 West Shore Road			City Warwick	State RI	Zip 02889
4. NAICS Code 72 2511		6. Brief description of the character of business conducted in Rhode Island Restaurant and to buy and sell real estate.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name John Walrond			Vice-President Name John Walrond		
Street Address 67 Shannon Drive			Street Address 67 Shannon Drive		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name John Walrond			Treasurer Name John Walrond		
Street Address 67 Shannon Drive			Street Address 67 Shannon Drive		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			8,000		
			common		
			no par value		
11. 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. 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 Representative John Walrond, President					Date 1/18/2021
Signature of Authorized Representative 					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