	State of	Rhode Islan	d	Fee: \$50.00				
Office of the Secretary of State								
Division Of Business Services								
	148 W. River Street Providence RI 02904-2615							
1636	1636 (401) 222-3040							
Limited Liability Company								
Annual Report Filing Period: February 1 - May 1								
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by								
law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.								
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024								
1. ID No. <u>001727919</u>								
2. Exact Name of the Limited Liability Company Lua LLC								
3. State of Formation								
State: <u>RI</u>								
NAICS CODE								
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.								
<u>541618</u>								
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island								
LUA IS A CONSU	LTANCY DEDICATED TO		G EOUITY IN					
ENTREPRENEUR								
VENTURE CAPITAL BY SUPPORTING EARLY-STAGE FOUNDERS AND EMERGING								
<u>VENTURE</u> CAPITAL FUND MANAGERS. LUA PARTNERS WITH ENTREPRENEURS TO DRIVE								
BUSINESS								
GROWTH THROUGH OPERATIONS, SALES, PRODUCT DEVELOPMENT,								
MARKETING, AND STRATEGY CONSULTATION.								
5. Principal Office	nuuress							
No. and Street: City or Town:	<u>43 SLOCUM ROAD</u> PORTSMOUTH	State: <u>RI</u>	Zip: 02871	Country: US				
		State. <u>Ki</u>	Διρ. <u>02071</u>	<u>Country</u> . <u>05</u>				

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:							
Contact Name: Co No. and Street: City or Town:	ontact Title: <u>43 SLOCUM ROAD</u> <u>PORTSMOUTH</u>	State: <u>RI</u>	Zip: <u>02871</u>	Country: <u>US</u>			
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11							
CHRISTINA M. QUINN 43 SLOCUM ROAD PORTSMOUTH , RI 02871							
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).							
 Signed this 30 Day of April, 2024 at 4:43:31 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16. By <u>CHRISTINA M. QUINNN</u> Signature of Authorized Person 							
Form No. 632 Revised 09/07							
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