State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

FILED STAMP
MAY 14 2024
BY 4144

1. Entity ID Number	2. Exact name of the Corporation		
000052002	LITTLE LUCY'S LUNCH, INC.		
3. Principal Office Address: 22 Waterman Street	City: East Providence	State: RI	Zip: 02914
4. NAICS Code: 72 Accomm.&Food 722511	6. Brief description of the character of business conducted in Rhode Island: Restaurant and food service.		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Manuel E. Sousa			Vice-President Name: Lucia Sousa (DaSilva)		
Street Address: 29 Walker Street			Street Address: 29 Walker Street		
City: Seekonk	State: MA	Zip: 02771	City: Seekonk	State: MA	Zip: 02771
Secretary Name: Manuel E. Sousa			Treasurer Name: Lucia Sousa (DaSilva)		
Street Address: 29 Walker Street			Street Address: 29 Walker Street		
City: Seekonk	State: MA	Zip: 02771	City: Seekonk	State: MA	Zip: 02771

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
	200	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	Date
Manuel E. Sousa	4-28-24

Signature of Authorized Representative: Manuel E. Sousa

MAIL TO:
Division of Business Services
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