



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 000052002		2. Exact name of the Corporation LITTLE LUCY'S LUNCH, INC.			
3. Principal Office Address 22 Waterman Street		City East Providence		State RI	Zip 02914
4. NAICS Code 72 Accommodations and Food Services		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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			200		Common
			PAR VALUE		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 Manuel E. Sousa					Date 4-28-24
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov