



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
Limited Liability Company

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

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FOR  
SECRETARY OF STATE  
USE ONLY  
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|   |  |  |                    |
|---|--|--|--------------------|
| 1. Entity ID Number<br><b>001765799</b>   |  | 2. Exact name of the Limited Liability Company<br><b>Lucky Stars LLC</b>                     |                    |
| 3. NAICS Code<br><b>532299</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Rental</b> |                    |
| 5. State of Formation<br><b>RI</b>  |  |  |                    |
| 6. Principal Office Address<br><b>10 GARFIELD AVENUE</b>  |  | City<br><b>CRANSTON</b>  | State<br><b>RI</b> |
|   |  | Zip<br><b>02920</b>  |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                    |
| Contact Name<br><b>JOCELYN ROIG</b>   |  | Contact Title<br><b>OWNER</b>  |                    |
| Street Address<br><b>10 GARFIELD AVE</b>  |  | City<br><b>CRANSTON</b>  | State<br><b>RI</b> |
|   |  | Zip<br><b>02920</b>  |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |  |                    |
| 9. 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 Person<br><b>Joelyn Roig</b>   |  | Date<br><b>05-23-25</b>  |                    |
| Signature of Authorized Person<br>  |  |  |                    |

FILED

MAY 23 2025  
BY **SCATF**  
**KJ**

MAIL TO:

Division of Business Services  
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