



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>194378</b>		2. Name of Corporation <b>LEBEAU ENTERPRISES, INC.</b>			
3. Street Address Principal Business Office <b>1459 WARWICK AVE #11</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>
4. Business Phone No.		5. State of Incorporation <b>R.I.</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>JEAN LEBEAU</b>			Vice President Name <b>SAME</b>		
Street Address <b>1459 WARWICK AVE #11</b>			Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>JEAN LEBEAU</b>			Director Name		
Street Address <b>1459 WARWICK AVE #11</b>			Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES --- THIS SECTION <u>MUST</u> BE COMPLETED		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
<b>1000</b>	<b>COMMON</b>	<b>\$ .01</b>	<b>1000</b>	<b>COMMON</b>	<b>\$ 1.00</b>

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.

**FILED**

File Date **FEB 27 2008**  
By **171**  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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.

Signature **Jean Lebeau** Date **2-25-08**  
Print or Type Name **Jean Lebeau**  
Title **President**