



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. 17920		2. Name of Corporation Lelind Corporation			
3. Street Address Principal Business Office 47 Mechanic Street			City Wakefield	State RI	Zip 02879
4. Business Phone No. 401-284-1008		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island DEALING IN REAL ESTATE & SECURITIES, ETC					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Leo M. Minisce			Vice President Name Linda W. Minisce		
Street Address 47 Mechanic Street			Street Address 47 Mechanic Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Linda W. Minisce			Treasurer Name Leo W. Minisce		
Street Address 47 Mechanic Street			Street Address 47 Mechanic Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Leo W. Minisce			Director Name Linda W. Minisce		
Street Address 47 Mechanic Street			Street Address 47 Mechanic Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Wakefield	RI	02879
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 MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common No Par Value		600	Common	None

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2008 FEB 29 PM 1:08

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.

Signature _____ Date 1/17/08
Leo W. Minisce
Print or Type Name
President
Title

FILED
File Date FEB 29 2008
Check No. DS 1027
By: _____
FOR SECRETARY OF STATE USE ONLY