



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 2010**

**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>511638</b>		2. Name of Corporation <b>LEV Enterprises, INC</b>			
3. Street Address Principal Business Office <b>180 Sterling Avenue</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
4. Business Phone No. <b>401-368-5543</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Retail alcohol/liquor sales.</b>					
<b>7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>Liban Valenzuela</b>			Vice President Name <b>None</b>		
Street Address <b>180 Sterling Avenue</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip
Secretary Name <b>None</b>			Treasurer Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>					
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
ISSUED SHARES — THIS SECTION <b>MUST BE COMPLETED</b>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					
<b>THIS SECTION MUST BE COMPLETED</b>					

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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**

JAN 13 2012

By **160635**

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: **Liban Valenzuela** Date: **11/21/11**  
 Print or Type Name: **Liban Valenzuela, President**  
 Title: \_\_\_\_\_

File Date: \_\_\_\_\_  
 Check No.: \_\_\_\_\_  
 By: \_\_\_\_\_  
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