



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 511638		2. Exact name of the Corporation LEV Enterprises, Inc.		
3. Principal office address P.O. Box 72963		City Providence	State R.I.	Zip 02907
4. Business Phone No. 401-946-4567		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Liquor Sales				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
President Name Liban Valenzuela		Vice-President Name		
Street Address P.O. Box 72963		Street Address		
City Providence	State R.I.	Zip 02907		
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip		
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip		
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐				
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		1000		0.000

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

AUG 25 2015

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.

Liban Valenzuela 8/25/15
Signature of Authorized Representative Date
Liban Valenzuela
Print or Type Name of Authorized Representative