



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 613434		2. Exact name of the limited liability company LETRAN ENTERPRISES, LLC			
3. State of Formation MA		4. Brief description of the character of business conducted in Rhode Island To engage in any business permitted LLC's under the Act.			
5. Principal office address 67 WALNUT AVENUE		City BRAINTREE	State MA	Zip 02184	
6. ADDRESS ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF CONTACT PERSON					
Contact Name TOM LE		Contact Title MEMBER			
Street Address 67 WALNUT AVENUE		City BRAINTREE	State MA	Zip 02184	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE • DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name TOM LE		Manager Name			
Street Address 67 WALNUT AVENUE		Street Address			
City BRAINTREE	State MA	Zip 02184	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

SEP 21 2015

By **10354**

File Date _____

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 of Authorized Person

TOM LE

Print or Type Name of Authorized Person

Date

9/16/15