



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 2016

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. 71231		2. Exact name of the Corporation LEL CORPORATION		
3. Principal office address 7 TOBIN LANE		City BRISTOL	State RI	Zip 02809
4. Business Phone No. 401-253-6098		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE MANAGEMENT AND OWNERSHIP				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name JANET EMOND		Vice-President Name JOYCE LINCOLN		
Street Address 125 BEACH ROAD		Street Address 1 VIKING DRIVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	Zip 02809
Secretary Name JEFFREY LUIZ		Treasurer Name JEFFREY LUIZ		
Street Address 7 TOBIN LANE		Street Address 7 TOBIN LANE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	Zip 02809
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name JANET EMOND		Director Name JOYCE LINCOLN		
Street Address 125 BEACH ROAD		Street Address 1 VIKING DRIVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	Zip 02809
Director Name JEFFREY LUIZ		Director Name		
Street Address 7 TOBIN LANE		Street Address		
City BRISTOL	State RI	Zip 02809	City	Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
		3000	COMMON	NO PAR

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

FEB 18 2016

RV KL 1366

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 Representative _____ Date **12/13/2015**

Print or Type Name of Authorized Representative **JEFFREY LUIZ**