



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 **2016**

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. Filing Number 000570156		2. Exact name of the limited liability company Lee Lee LLC	
3. State of Formation ri		4. Brief description of the character of business conducted in Rhode Island real estate	
5. Principal office address 3 anne drive		City lincoln	State ri
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:		Zip 02865	
Contact Name David a lafazia ESQ		Contact Title	
Street Address 1055 reservoir av		City cranston	State Ri
		Zip 02910	
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 JOHN MANGELL		Manager Name	
Street Address 3 ANNIE DR		Street Address	
City LINCOLN	State Ri	Zip 02865	
Manager Name		Manager Name	
Street Address		Street Address	
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.			

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 SECRETARY OF STATE
 CORPORATIONS DIV
 08 SEP - 8 PM 1:38

FILED

SEP 08 2016

By **DAVID A LAFAZIA**

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.

DAVID A LAFAZIA 8/30/15
 Signature of Authorized Person Date

David A lafazia,ESQ
 Print or Type Name of Authorized Person