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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2016
Limited Liability Company	

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 132668	Exact name of the Limited Liability Company L & S Enterprises, L. L. C.					
3. NAICS Code 53 - Real Estate and	Brief description of the character of business conducted in Rhode Island Own and Manage Real Estate					
5. State of Formation Rhode Island						
6. Principal Office Address			City	State	Zip	
56 Pine Street, Suite 3 A			Providence	RI	02903	
7. Mailing Address of Limited Lia	bility Compa	any and Name o	r Title of Contact Person	•		
Contact Name Carolyn M. Bouchard		Contact Title Member	Contact Title Member			
Street Address 56 Pine Street, Suite 3 A			City Providence	State RI	^{Zip} 02903	
8. List ALL managers (names a	nd addresse	s) of the Limited	Liability Company, IF APPLICAI	BLE - DO NOT LIST	MEMBERS	
Manager Name n/a		Manager Name n/a	Manager Name n/a			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name n/a			Manager Name n/a	Manager Name n/a		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
	<u> </u>			Check the box to	indicate an attachment	
9. Resident Agent in Rhode Islan	nd. This inform	nation is currently	of record with the Department of Sta	ate. Changes require fili	ng Form 642.	
Under penalty of perjury, I dec statements, and that all staten			• •	ig any accompanyin	g schedules and	
Name of Authorized Person Carolyn M. Bouchard			Date 9/22/16			
Signature of Authorized Person Ba	what		DOCUMENT HERF			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED OV

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