	Office of the Secre	iary of State	
	Division Of Busine		
	148 W. River		
	Providence RI 02 (401) 222-3		
HOPE	(+01) 222 3	0+0	
imited Liability C	ompany		
nnual Report	er 1 - November 1		
	G.L. 7-16-66(d), each limited liability co vithin thirty (30) days after the time pre		
	o a penalty fee of \$25.00.		
ANNUAL REPORT YE	AR : <u>2016</u>		
I. ID No. <u>000127</u>	371		
2. Exact Name of the	e Limited Liability Company Lee &	Company, LLC	
3. State of Formation	n		
State: <u>RI</u>			
	ARTICLE III		
l lain a dha ƙallowin a NIA			
Using the following NA	ICS codes, please select the code tha	dest describes your dusiness.	
NAICS Code		<u>6</u> <u>54</u>	
4. Brief Description o	f the Character of the Business Whi	ch is Actually Conducted in Rh	ode Island
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4. Brief Description o <u>CPA SERVICES</u> 5. Principal Office Ad		ch is Actually Conducted in Rh	ode Island
<u>CPA SERVICES</u> 5. Principal Office Ad	dress	ch is Actually Conducted in Rh	ode Island
<u>CPA SERVICES</u> 5. Principal Office Ad No. and Street: <u>747</u>		ch is Actually Conducted in Rho State: <u>RI</u> Zip: <u>02910</u> Co	
CPA SERVICES 5. Principal Office Ad No. and Street: <u>747</u> City or Town: <u>CR</u> 4	dress PONTIAC AVENUE, SUITE 207 ANSTON	State: <u>RI</u> Zip: <u>02910</u> Co	
CPA SERVICES 5. Principal Office Ad No. and Street: <u>747</u> City or Town: <u>CR</u>	dress PONTIAC AVENUE, SUITE 207	State: <u>RI</u> Zip: <u>02910</u> Co	
CPA SERVICES 5. Principal Office Ad No. and Street: 747 City or Town: CRA 6. Mailing Address of Contact Name: MAR	dress PONTIAC AVENUE, SUITE 207 ANSTON f Limited Liability Company and Nat	State: <u>RI</u> Zip: <u>02910</u> Co	
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CPA SERVICES 5. Principal Office Ad No. and Street: 747 City or Town: CRA 6. Mailing Address of Contact Name: MAR No. and Street: 747 City or Town: CRA Contact Name: MAR No. and Street: 747 City or Town: CRA 7. Name and Address 747	Idress <u>PONTIAC AVENUE, SUITE 207</u> <u>ANSTON</u> f Limited Liability Company and Nation Struct Title: <u>MEMBER</u> <u>PONTIAC AVENUE, SUITE 207</u> <u>INSTON</u> s of Each Manager of the Limited Li	State: <u>RI</u> Zip: <u>02910</u> Co ne or Title of Contact Person: State: <u>RI</u> Zip: <u>02910</u> Co	ountry: <u>USA</u> ountry: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MARK D. LEE 747 PONTIAC AVENUE, SUITE 207 CRANSTON, RI 02910

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of October, 2016 at 9:21:57 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>MARK D. LEE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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