

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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

<del></del>					
1. Entity ID Number	2. Exact name of the Limited Liability Company				
274540	LES PROPERTIES, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531110	REN	TAL	Apts		
5. State of Formation	] '		0		
RI					
6. Principal Office Address			City	State	Zip
POBOX 141			WARREN	RI	02880
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name  AVL SAMPSON			Contact Title OWNCE		
Street Address MARKET ST.			CINWARREN	State	Zip 02885
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name .			Manager Name		
Street Address			Street Address		
City	State	· · · · · ·	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Date					
PAUL SAMPSON				5-09	5-18
Signature of Authorized Person					
Han SIGN DOCUMENT HERE					

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
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