



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2015  
Limited Liability Company

2019 MAY 20 PM 12:43

FOR  
SECRETARY OF STATE  
USE ONLY

→ 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<br><u>000312002</u>  |       | 2. Exact name of the Limited Liability Company<br><u>L &amp; L LLC</u>   |   |                          |  |
| 3. NAICS Code<br><u>531190</u>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Lease land for business operations</u> |   |                          |  |
| 5. State of Formation<br><u>RI</u>   |       |  |   |                          |  |
| 6. Principal Office Address<br><u>Waldons Way</u>  |       | City<br><u>Block Island</u>  |   | State<br><u>RI</u>       | Zip<br><u>02807</u>                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |  |   |                          |  |
| Contact Name<br><u>Leone Leone</u>   |       |  | Contact Title<br><u>Managing Member</u> |                          |  |
| Street Address<br><u>PO Box 562</u>  |       |  | City<br><u>Block Island</u>             |                          | State<br><u>RI</u> Zip<br><u>02807</u> |
| 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 | Zip  | City                                    | State                    | Zip                                    |
| Manager Name   |       |  | Manager Name                            |                          |  |
| Street Address   |       |  | Street Address                          |                          |  |
| City   | State | Zip  | City                                    | State                    | Zip                                    |
| Check the box to indicate an attachment <input type="checkbox"/>   |       |  |   |                          |  |
| 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<br><u>Elliot Taubman, Esq.</u>   |       |  |   | Date<br><u>5/14/2019</u> |  |
| Signature of Authorized Person<br><u>Elliot Taubman</u>  |       |  |   | SIGN DOCUMENT HERE       |  |

## MAIL TO:

Division of Business Services

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