RI SOS Filing Number: 202047809620 Date: 8/6/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

Annual Report for the year: 2019 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.

	FILED
	AUG 0 6 2020
BY_	140

1. Entity ID Number 001689928	2. Exact name of the Limited Liability Company  LEEB INNOVATIONS, LLC						
NAICS Code     A. Bnef description of the character of business conducted in Rhode Island     RESEARCH AND DEVELOPMENT  5. State of Formation  RI							
6. Principal Office Address 1227 MAIN STREET SUITE 4B			City WEST WARWICK	State RI	Zip 02893		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name DONNA KANE			Contact Title CFO				
Street Address 2 ARMAND DRIVE			City NORTH PROVIDENCE	State RI	<sup>Zip</sup> 02904		
		of the Limited Lial	bility Company, IF APPLICABLE - I		MEMBERS		
Manager Name ROBERT IOVINO			Manager Name LEVELAND BROWN				
Street Address 10 RACHEL LANE			Street Address 819 MAIN STREET APT C				
City VOLUNTOWN	State CT	<sup>Zıp</sup> 06384	City WEST WARWICK	State RI	<sup>7ip</sup> <b>02893</b>		
Manager Name CARL RENNARD		•	Manager Name DONNA KANE				
Street Address 16 RED BROOK C	ROSSING		Street Address 2 ARMAND DRIVE				
City LINCOLN	State RI	Zip	City NORTH PROVIDENCE	StateRI	Zip 02904		
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 dec statements, and that all staten			mined this report, including any e and correct.	accompanyin	g schedules and		
Name of Authorized Person  DONNA J KANE				Date 07/21/2020			
Signature of Authorized Person	٧	0%& P	OCHMINI HERE I	1			

MAIL TO:

**Division of Business Services** 

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

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