



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

**AUG 06 2020**

BY HO  
JOH

**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.

1. Entity ID Number <b>001689928</b>		2. Exact name of the Limited Liability Company <b>LEEB INNOVATIONS, LLC</b>			
3. NAICS Code <b>541711</b>		4. Brief description of the character of business conducted in Rhode Island <b>RESEARCH AND DEVELOPMENT</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>1227 MAIN STREET SUITE 4B</b>		City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>DONNA KANE</b>		Contact Title <b>CFO</b>			
Street Address <b>2 ARMAND DRIVE</b>		City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>ROBERT IOVINO</b>		Manager Name <b>LEVELAND BROWN</b>			
Street Address <b>10 RACHEL LANE</b>		Street Address <b>819 MAIN STREET APT C</b>			
City <b>VOLUNTOWN</b>	State <b>CT</b>	Zip <b>06384</b>	City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
Manager Name <b>CARL RENNARD</b>		Manager Name <b>DONNA KANE</b>			
Street Address <b>16 RED BROOK CROSSING</b>		Street Address <b>2 ARMAND DRIVE</b>			
City <b>LINCOLN</b>	State <b>RI</b>	Zip	City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
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.					
<b>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.</b>					
Name of Authorized Person <b>DONNA J KANE</b>				Date <b>07/21/2020</b>	
Signature of Authorized Person 					

**MAIL TO:**  
**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov