RI SOS Filing Number: 202060258230 Date: 9/30/2020 4:00:00 PM

SEP 3 0 2020

**Department of State - Business Services Division** 

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State of Rhode Island

Annual Report for the year: \_

**Limited Liability Company** 

| → Filing period: September<br>→ Filing Fee: \$50.00  | 1 - Novemb   | er 1 |   | BY    | Jall D    |
|--|--|------|---|-------|-----------|
| → Penalty: Additional \$25.00 fee if form is not filed by December 1.  |  |      |   |       |           |
| 1. Entity ID Number  | 2. Exact name of the Limited Liability Company                           |      |   |       |           |
| 274540   | LES PROPERTIES, LLC  |      |   |       |           |
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |      |   |       |           |
| 53 1110  | RENTAL Apts.   |      |   |       |           |
| 5. State of Formation  |  |      |   |       |           |
| 6. Principal Office Address<br>P.O, Box  | 141  |      | City WARREN                                     | State | Zip 02885 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |      |   |       |           |
| Contact Name SAMP SON  |  |      | Contact Title OWNER  City WARREN State ZipOJ885 |       |           |
| Street Address MANCET ST   |  |      | City WARREN                                     | State | 100885    |
| 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  | Zìp  | City  | State | Žip       |
| Manager Name   |  |      | Manager Name                                    |       |           |
| Street Address   |  |      | Street Address                                  |       |           |
| City   | State  | Zip  | City  | State | Zip       |
| Check the box to indicate an attachment  |  |      |   |       |           |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. 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  PAUL SAMPSON  Date  9-26-2020   |  |      |   |       |           |
| Signature of Authorized Person   |  |      |   |       |           |
|  |  |      |   |       |           |

MAIL TO:

Division of Business Services

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

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