	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St		
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>000163503</u>	3		
2. Exact Name of the Li	mited Liability Company <u>MACPH</u>	LEET, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
0	Code that best describes the primary e information on <u>NAICS</u> can be found	•	he entity. Download
	e Character of the Business Which	is Actually Conducter	t in Rhode Island
BOATING			
5. Principal Office Addre	SS		
	REEBODY STREET WPORT State:	: <u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u>
6. Mailing Address of Lir	mited Liability Company and Name	or Title of Contact Pe	rson:
Contact Name: Contact	Title: <u>O. BOX 549</u>	7: 02840	
	=WPORT State RI		ountry: USA
No. and Street: <u>P.</u> City or Town: <u>NE</u>	EWPORT State: <u>RI</u> Each Manager of the Limited Liab		ountry: <u>USA</u> icable.
No. and Street: P. City or Town: NE 7. Name and Address of	Each Manager of the Limited Liab		icable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JAMES F. HYMAN, ESQ. <u>8 FREEBODY STREET</u> P.O. BOX 549 <u>NEWPORT</u>, <u>RI</u> 02840

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of October, 2020 at 5:09:47 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JAMES F. HYMAN Signature of Authorized Person

Form No. 632 Revised 09/07

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