



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2020**

## 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**

OCT 29 2020

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1. Entity ID Number <b>132668</b>		2. Exact name of the Limited Liability Company <b>L &amp; S Enterprises, L. L. C.</b>			
3. NAICS Code <b>53-Real Estate &amp; Rental &amp; I</b>		4. Brief description of the character of business conducted in Rhode Island <b>Own and Manage Real Estate</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>56 Pine Street, Suite 3 A</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Carolyn M. Bouchard</b>			Contact Title <b>Member</b>		
Street Address <b>56 Pine Street, Suite 3 A</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>n/a</b>			Manager Name <b>n/a</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name <b>n/a</b>			Manager Name <b>n/aCar</b>		
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					
<i>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.</i>					
Name of Authorized Person <b>Carolyn M. Bouchard</b>				Date <b>10/8/20</b>	
Signature of Authorized Person <i>Carolyn M. Bouchard</i>					

## MAIL TO:

Division of Business Services

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