



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

Annual Report for the year: **2021**
 Corporation _____

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
 JAN 29 2021
 BY 5198 DS
 STAMP

1. Entity ID Number 116673		2. Exact name of the Corporation LECLERC BUILDERS, LTD.			
3. Principal Office Address 27 ORLANDO DRIVE			City NARRAGANSETT	State RI	Zip 02882
4. NAICS Code 236117		6. Brief description of the character of business conducted in Rhode Island THE CONSTRUCTION OF RESIDENTIAL AND COMMERCIAL STRUCTURES.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOCELYN LECLERC			Vice-President Name		
Street Address 27 ORLANDO DRIVE			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Secretary Name JOCELYN LECLERC			Treasurer Name JOCELYN LECLERC		
Street Address 27 ORLANDO DRIVE			Street Address 27 ORLANDO DRIVE		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOCELYN LECLERC			Director Name		
Street Address 27 ORLANDO DRIVE			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	COMMON	NONE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative JOCELYN LECLERC, PRESIDENT					Date 1-20-2021
Signature of Authorized Representative					
SIGN DOCUMENT HERE <i>Jocelyn Leclerc</i>					

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov