State of Rhode Island

Department of State - Business Services Division

FILED

FEB 19 2021

B - 14445

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.

1. Entity ID Number	2. Exact name of the Corporation
71231	LEL CORPORATION

3. Principal Office Address	City	State	Zip
125 BEACH ROAD	BRISTOL	RI	02809

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	REAL ESTATE MANAGEMENT AND OWNERSHIP
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
JANET EMOND	JOYCE LINCOLN
Street Address: 125 BEACH ROAD	Street Address: 6315 HIGHCROFT DRIVE
City: BRISTOL, State: RI, Zip: 02809	City: NAPLES, State: FL, Zip: 34119
Secretary Name	**Treasurer Name**
HEATHER EVE LUIZ	HEATHER EVE LUIZ
Street Address: 64 EVERETT STREET	Street Address: 64 EVERETT STREET
City: BRISTOL, State: RI, Zip: 02809	City: BRISTOL, State: RI, Zip: 02809

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
JAMET EMOND	JOYCE LINCOLN
Street Address: 125 BEACH ROAD	Street Address: 6315 HIGHCROFT DRIVE
City: BRISTOL, State: RI, Zip: 02809	City: NAPLES, State: FL, Zip: 34119
Director Name: HEATHER EVE LUIZ	Director Name:
Street Address: 64 EVERETT STREET	Street Address:
City: BRISTOL, State: RI, Zip: 02809	City: , State: , Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	3000	COMMON	NO PAR

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	Date
JANET EMOND	02/13/2021

Signature of Authorized Representative: Janet Emond

MAIL TO:
Division of Business Services
148 W. River Street Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov