



State of Rhode Island  
**Department of State - Business Services Division**

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**Annual Report for the year: 2021**  
**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.

1. Entity ID Number <b>001337885</b>		2. Exact name of the Limited Liability Company <b>LEVROS CPA ASSOCIATES LLC</b>					
3. NAICS Code 541211		4. Brief description of the character of business conducted in Rhode Island TO PROVIDE ACCOUNTING AND TAX SERVICES					
5. State of Formation RI							
6. Principal Office Address 436 CRANSTON STREET				City PROVIDENCE	State RI	Zip 02905	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name VINCENT LEVROS				Contact Title PRESIDENT			
Street Address PO BOX 73012				City PROVIDENCE	State RI	Zip 02907	
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	Zip	City	State	Zip		
Manager Name				Manager Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment <input type="checkbox"/>							
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 VINCENT LEVROS					Date 9/29/21		
Signature of Authorized Person 							

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

**FILED**  
 OCT 01 2021  
 BY On CH# 1150