



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

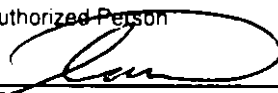
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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 OCT -5 STAMP

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 613434		2. Exact name of the Limited Liability Company LETRAN ENTERPRISES, LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island TO BUY, SELL AND INVEST IN REAL ESTATE			
5. State of Formation RI					
6. Principal Office Address 67 WALNUT AVENUE		City BRAINTREE		State MA	Zip 02184
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name TOM LE			Contact Title MEMBER		
Street Address 67 WALNUT AVENUE		City BRAINTREE		State MA	Zip 02184
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name TOM LE			Manager Name		
Street Address 67 WALNUT AVENUE			Street Address		
City BRAINTREE	State MA	Zip 02184	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. 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 TOM LE 				Date 9/24/21	
Signature of Authorized Person				SIGN DOCUMENT HERE	

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 05 2021

BY Ch CK #13969