

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

FILED

MAR 02 2023

BY 2523

KJ

1. Entity ID Number 001711581		2. Exact name of the Corporation S. LEAVITT CARPENTRY, INC.			
3. Principal Office Address 20 RAVEN BOULEVARD			City COVENTRY	State RI	Zip 02827-1538
4. NAICS Code 236110		6. Brief description of the character of business conducted in Rhode Island CUSTOM HOME CONSTRUCTION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SCOTT LEAVITT			Vice-President Name SCOTT LEAVITT		
Street Address 20 RAVEN BLVD			Street Address 20 RAVEN BLVD		
City GREENE	State RI	Zip 02827	City GREENE	State RI	Zip 02827
Secretary Name SCOTT LEAVITT			Treasurer Name SCOTT LEAVITT		
Street Address 20 RAVEN BLVD			Street Address 20 RAVEN BLVD		
City GREENE	State RI	Zip 02827	City GREENE	State RI	Zip 02827
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SCOTT LEAVITT			Director Name		
Street Address 20 RAVEN BLVD			Street Address		
City GREENE	State RI	Zip 02827	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		
			0		
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 <i>[Signature]</i>					Date 2-27-23
Signature of Authorized Representative SCOTT LEAVITT					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov