



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAR 10 P 2:06

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

| | | | | | | |
|--|----------------------|---|------------------------------------|---|--|--|
| 1. Entity ID Number <u>511438</u> | | 2. Exact name of the Corporation <u>LEV Enterprises, Inc.</u> | | | | |
| 3. Principal Office Address <u>1075 Park Ave.</u> | | | City <u>Cranston</u> | State <u>R.I.</u> | Zip <u>02910</u> | |
| 4. NAICS Code <u>445310</u> | | 6. Brief description of the character of business conducted in Rhode Island <u>Beer, wine and liquor sales</u> | | | | |
| 5. State of Incorporation <u>R.I.</u> | | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> | |
| President Name <u>Libani Valenzuela</u> | | | Vice-President Name <u>Same</u> | | | |
| Street Address <u>P.O. Box 72943</u> | | | Street Address | | | |
| City <u>Providence</u> | State <u>R.I.</u> | Zip <u>02907</u> | City | State | Zip | |
| Secretary Name <u>Same</u> | | | Treasurer Name <u>Same</u> | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> | |
| Director Name <u>Same</u> | | | Director Name <u>Same</u> | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Director Name <u>Same</u> | | | Director Name <u>Same</u> | | | |
| 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 | |
| | | <u>1,000</u> | | | <u>NPV</u> | |
| 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 <u>Libani Valenzuela</u> | | | | Date <u>3/10/23</u> | | |
| Signature of Authorized Representative | | | | FILED MAR 10 2023 BY <u>VML</u> <u>ZNTTT</u> | | |

MAIL TO:
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