State of Rhode Island Formation Office of the Secretary of State Formation	* • • • • • •
	ee: \$50.00
Division Of Business Services	
148 W. River Street	
Providence RI 02904-2615	
1636 (401) 222-3040	
Limited Liability Company	
Annual Report Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2023	
1. ID No. <u>001679456</u>	
2. Exact Name of the Limited Liability Company $\underline{\text{LEBE LLC}}$	
3. State of Formation	
State: <u>RI</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entir Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	ty.
<u>531110</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhod Island SINGLE FAMILY RENTAL PROPERTY	e
5. Principal Office Address	
5. Principal Office Address No. and Street: 15 RIDGE ROAD	A
5. Principal Office Address No. and Street: 15 RIDGE ROAD City or Town: CHARLESTOWN State: RI Zip: 02813 Country: US	<u>A</u>
5. Principal Office Address No. and Street: 15 RIDGE ROAD City or Town: CHARLESTOWN State: RI Zip: 02813 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	<u>A</u>
5. Principal Office Address No. and Street: 15 RIDGE ROAD City or Town: CHARLESTOWN State: RI Zip: 02813 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: LINDA HUGHES Contact Title:	<u>A</u>
5. Principal Office Address No. and Street: 15 RIDGE ROAD City or Town: CHARLESTOWN State: RI Zip: 02813 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
5. Principal Office Address No. and Street: 15 RIDGE ROAD City or Town: CHARLESTOWN State: RI Zip: 02813 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: LINDA HUGHES Contact Title: No. and Street: 15 RIDGE RD	

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 12 Day of March, 2023 at 5:22:26 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>LINDA HUGHES</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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