



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 20 2023

BY 2480  
ES

1. Entry ID Number <b>001728216</b>		2. Exact name of the Corporation <b>Leela Home Improvements &amp; Roofing INC</b>			
3. Principal Office Address <b>38 Beaver Brook Rd</b>			City <b>Danbury</b>	State <b>CT</b>	Zip <b>06810</b>
4. NAICS Code <b>238160</b>		6. Brief description of the character of business conducted in Rhode Island <b>Home Improvement Contractor</b>			
5. State of Incorporation <b>CT</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Luis Clavijo</b>			Vice-President Name <b>Maria Lema</b>		
Street Address <b>5 Cornfield Rd</b>			Street Address <b>5 Cornfield Rd</b>		
City <b>Newtown</b>	State <b>CT</b>	Zip <b>06470</b>	City <b>Newtown</b>	State <b>CT</b>	Zip <b>06470</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.					
<b>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.</b>					
Name of Authorized Representative <b>Maria Lema</b>					Date <b>3/15/2023</b>
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

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