

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

Filing period: February 1 - May 1

RECEIVED R.I. DEPT. OF STATE

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.			BUS SYCS DIV			
1. Entity ID Number 2. Exact name of the Corporation			2023 SEP - 1 P 1: 40			
001728685	The Led	loBoyz Inc		£02J -0L		·· 40
3. Principal Office Address			City		State RI	Zip
51 FRANKLIN AVE			CRANST	CRANSTON		02920
4. NAICS Code	6. Brief desc	ription of the charact	er of business o	onducted in Rhode	Island	
531390	REAL ES	TATE FLIPPI	NG			
5. State of Incorporation						
RI						
7. List ALL officers (names ar	nd addresses)				ox to indicate	an attachment 🗖
President Name RICARDO	Vice-President Name					
Street Address 19 ANTHONY AVE			Street Address			
City PROVIDENCE	State RI	^{Zıp} 02907	City		State	Zip
Secretary Name	,		Treasurer Name			
Street Address			Street Address			
City	State	Zip	City		State Zip	
O Lint All disentary /	and addresses'			Charle the	ox to indicate	an attachment
8. List ALL directors (names a Director Name	audiesses)		Director Name		JOX (O INDICATE	an andomnon L
Steed Address			Street Address			
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		10. Shares Iss	ued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF		CLASS/SERII		PAR VALUE
		0			.0	1
11. This report must be execu	uted on behalf of the	corporation by an a	uthorized repres	entative. If the corp	oration is in th	e hands of a re-
ceiver or trustee, this report n	nust be executed or declare and affirm	that I have examine	ration by the rece ad this report in	eiver or trustee. ncludina anv acco	mpanying sci	hedules and
statements, and that all sta	tements contained	i herein are true an	d correct.			
Name of Authorized Person		1.		Date 9 -	1 - 2000	.
Autron	Aron 1	ممران		11 €1) - ¾-	1-2023	2
Signature of Authorized Person	Kyron	for-10	٢	11		
MAU TO: 7		alaru_	SEP	1 2023		
MAIL TO:				- /	1:42	

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ni.gov

FORM 630- Revised: 04/2023