



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
Corporation

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV.

1. Entity ID Number 001668698		2. Exact name of the Corporation LEED GROUP INC.		2023 NOV -9 A 11:27	
3. Principal Office Address 539 MAIN STREET			City SHREWSBURY	State MA	Zip 01545
4. NAICS Code 424990		6. Brief description of the character of business conducted in Rhode Island MANUFACTURER AND MARKETER OF SALTS AND OTHER RELATED PRODUCTS			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MO BAYOU			Vice-President Name		
Street Address 539 MAIN STREET			Street Address		
City SHREWSBURY	State MA	Zip 01545	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
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 BASSAM BAYOU			Director Name		
Street Address 539 MAIN STREET			Street Address		
City SHREWSBURY	State MA	Zip 01545	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	
		100		CNP	
				0	
				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. 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 BASSAM BAYOU				Date 11/08/2023	
Signature of Authorized Representative 				FILED NOV 9 2023	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

BY JBT/HO 11:31
ARC