



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021

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.

2023 NOV -9 A 11: 27

1. Entity ID Number 001668698		2. Exact name of the Corporation LEED GROUP INC.			
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	CNP	0	
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 BASSAM BAYOU				Date 11/08/2023	
Signature of Authorized Representative 				FILED NOV 9 2023 BY JBTHO 11:28 AR	

MAIL TO:  
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