RI SOS Filing Number: 202343137670 Date: 11/30/2023 2:48:00 PM



## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Limited Liability Company

2023

RECEIVED P. M. A. DEPT. OF STATE 8US SYOS DIV

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 NOV 30 P 2: 47

| 1. Entity ID Number   | Exact name of the Limited Liability Company                                 |               |          |       |  |
|---|---|---------------|----------|-------|--|
| 001737847   | La Lev Fernandez LLC  |               |          |       |  |
| 3. NAICS Code   | 4. Brief desoription of the character of business conducted in Rhode Island |               |          |       |  |
| 236100  | construction  |               |          |       |  |
| 5. State of Formation   |   |               |          |       |  |
| R.T   |   |               |          |       |  |
| 6. Principal Office Address   |   | City          | State    | Zip   |  |
| 97 Yorkshire  |   | Providence    | RI       | 02908 |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |               |          |       |  |
| Contact Name  |   | Contact Title |          |       |  |
| Ganny Fernandez   |   |               |          |       |  |
| Street Address  |   | City          | State    | Zip   |  |
| 93 Fairmount Av.  |   | Providence    | 1 A T    | 02908 |  |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |   |               |          |       |  |
| 9. 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 Person   |   | Date          |          |       |  |
| Manny Fornandez   |   |               | 11/30/23 |       |  |
| Signature of Authorized Person  |   |               |          |       |  |
| Ganny Kennands.   |   |               |          |       |  |
|   |   |               |          |       |  |

MIFILED 248

NOV 3 0 2023

BY PIBSQ

MAIL TO:

**Division of Business Services** 

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

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