

State of Rhode Island Department of State - Business Services Division

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CORPORATIONS DIV

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2024 JUN -7 PH 1: 36

Annual Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25 00 fee if form is not filed by May 31.

2021

1 Entity ID Number	2. Exact name of the Limited Liability Company			
001710580	Maxime Jean Lefebvre LLC			
3. NAICS Code 3. State of Formation Rhode Island	Brief description of the character Art Selling	ter of business conducted in Rhoo	de Island	
6. Principal Office Address		City	State	Zip
158 Cypress Street		Providence	RI	02906
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Maxime Lefebvre		Contact Title Sole-Proprietor		
Street Address 158 Cypress Street		City Providence	State RI	^{Zip} 02906
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	
Maxime Lefebvre/		06/05/2024		
Signature of Authorized Person MM				

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BY V2XCS

MAIL TO:

Division of Business Services

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