|  |  | e of Rhode Isla<br>the Secretary         |                      | Fee: \$50.00        |
|--|--|--|----------------------|---------------------|
|  |  | on Of Business Ser<br>48 W. River Street |                      |                     |
|  |  |  | -                    |                     |
| 1426   |  | dence RI 02904-2                         | ,615                 |                     |
| 1030   |  | (401) 222-3040                           |                      |                     |
| Limited Liability<br>Annual Report<br>Filing Period: Febru   |  |  |                      |                     |
| refusing to file its a   | R.I.G.L. 7-16-66(d), each<br>nnual report within thirty (3<br>66(b&c)) is subject to a per | 30) days after the                       | time prescribed      | by                  |
| ANNUAL REPORT  | YEAR - ENTER THE CURF  | RENT YEAR 2024                           | <b>:</b> <u>2024</u> |                     |
| 1. ID No. <u>0009</u>  | 30900  |  |                      |                     |
| 2. Exact Name of   | the Limited Liability Com  | pany <u>LEONARD</u>                      | PLACE, LLC           |                     |
| 3. State of Format   | tion   |  |                      |                     |
| State: <u>RI</u>   |  |  |                      |                     |
| NAICS CODE   |  |  |                      |                     |
|  | NAICS Code that best desc<br>of codes <u>here.</u> More inform                             |  |                      |                     |
| <u>531390</u>  |  |  |                      |                     |
| 4. Brief Descriptio<br>Island  | on of the Character of the   | Business Which i                         | s Actually Conc      | lucted in Rhode     |
| REAL ESTATE R  | RENTALS  |  |                      |                     |
| 5. Principal Office  | e Address  |  |                      |                     |
| No. and Street:  | <u>366 HOPE STREET</u><br>UNIT 1   |  |                      |                     |
| City or Town:  | BRISTOL  | State: <u>RI</u>                         | Zip: <u>02809</u>    | Country: <u>USA</u> |
| 6. Mailing Address   | s of Limited Liability Com   | pany and Name o                          | r Title of Contac    | t Person:           |
| Contact Name: <u>MARIANNE BERGENHOLTZ</u> Contact Title: <u>TREASURER</u><br>No. and Street: <u>366 HOPE STREET</u><br><u>UNIT 1</u> |  |  |                      |                     |
|  |  |  |                      |                     |

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NATHAN BERGENHOLTZ 14 MOUNT AVENUE BRISTOL, RI 02809

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 10 Day of July, 2024 at 12:36:49 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By MARIANNE BERGENHOLTZ

Signature of Authorized Person

Form No. 632 Revised 09/07

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